

SCRIBE ASSOCIATES, INC. OCALA GAINESVILLE LAKE CITY



DR. SHAKINI HUUK

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[1	M THE COURT OP COMMON PLEAS MAHONMG COUNTY, OHIO	
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(3	CASE NO: 96 CV 2055 COURTROOM NO. 4	[3]   APPEARANCES:     [4]
[4	DOROTHY CONDA, ETC.,	MARK W, RUF, ESQUIRE (via telephone) [5] Hoyt Block Suite 300
[6	Plaintiffs,	7M) W. St. Clair Avenue [6] Cleveland, OH 44113-1230
[7	vs.	[7] MARK FRASURE, ESOUIRE (via telephone)
[8]	JUAN RUIZ, <b>ET</b> AL,	3721 Whipple Avenue NW [8] Port Office Box 35548
[9]	Defendants.	Canton, OH 44735 [9] P. MARK TONES, ESOLUBE
[10]		R. MARK JONES, ESQUIRE [10] 1400 Bank One Center Cleveland, OH 44114-2652
[11	D E P O S I T I O N	[11] THOMAS J. TRAVERS, JR., ESQUIRE
[12	OF	[12] Manchester, Bennett, Powers & Ulliman Atrium Level Two
[13	DR. SHARON HOOK taken on behalf of the Defendants	[13] The Commerce Building 201 East Commerce Street
[14		[14] Youngstown, OH 44503-1641
[15	DATE: Wednesday, December 9th, 1998	<ul> <li>[15] JAMES L. BLOMSTROM. ESQUIRE</li> <li>1200 Mahoning Bank Building</li> <li>[16] Youngstown. OH 44503</li> </ul>
[16 [17	TIME: 2:00 p.m.	[17]
[18	PLACE: Veterans Hospital Lake City, Florida	[18]
[19	REPORTER: Linda York, RPR	[19]
[20	Notary Public, <b>State</b> of Florida at Large	[20]
[21]	-	[21]
[22]		[22]
[23]		[23]
[24]		[24]
[25]		[25]
Page	3	Page 4
[1]	I N D E X	[1] Thereupon, DR, SHARON HOOK, having been first duly
[ 2]	WITNESS: PAGE	[2] sworn, testified as follows:
[3]	DR. SHARON HOOK Direct Examination by Mr. Trayers 4	31DIRECT EXAMINATION41BY MR, TRAVERS:
[ 4] [ 5]	Direct Examination by Mr. Travers 4 Cross Examination by Mr. Blomstrom 19	[5] Q. Good afternoon, Dr. $H\infty k$ . My name is Tom
[6]	Cross Examination by Mr. Frasure 23	[6] Travers. I'm a lawyer from Youngstown, Chio
7]	Cross Examination by Mr. Ruf 27	[7] representing Dr. Juan Ruiz. He is one of several
8]	Redirect Examination by Mr. Travers 51	8] defendants in a lawsuit that's pending in
[9]	Recross Examination by Mr. Blomstrom 51	9] Youngstown. We lawyers have gathered today either
[10]	Recross Examination by Mr. Frasure 52	[10] in penon or by telephone here in Lake City,
[11]	Recross Examination by Mr. Ruf 53	[11] Florida, which is as 1 understand it where you
[12]	Further Direct Examination by Mr. Travers 54	[12] practice, for purposes of asking you some questions
[13]		[13] in regard to your involvement in the autopsy that
[14]	Errata sheet attached	[14] was performed by David Gonda. That's your
15]		<ul> <li>[15] understanding of the reason we're all here, correct?</li> <li>[16] MR, BLOMSTROM: On David Gonda, not by</li> </ul>
[16]		[16] MR, BLOMSTROM: On David Gonda, not by [17] David Gonda.
[17] [18]	REPORTERS KEY TO PUNCTUATION:	[17] David Golda. [18] MR, TRAVERS: Sorry,
[19]	At end of question or answer references	[19] Q. Would you please tell me your full name?
	Interruption,	[20] A. Sharon Hook.
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[20] [21]	, . References a trail-off by the speaker. No testimony omitted.	[21] Q. And, Dr. Hook, where do you reside
[20]	, , References a trail-off by the speaker. No testimony omitted. "Uh-huh" References an affirmative sound.	[21] Q. And, Dr. Hook, where do you reside [22] presently7
[20] [21]		
[20] [21] [22]	"Uh-huh" References an affirmative sound.	[22] presently7

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• ,	f 1 O. You're a medical doctor?	[1] Miami as an anatomic pathologist and a
đ		[2] cytopathologist. Now I'm here at the Lake City VA
	[2] A. I'm an osteopath. but that's equivalent	[3] where I'm the chief of pathology of this division.
، متصلح مربو	[3] to a medical doctor.	
	[4] Q. Do you have a license to practice	
	[5] medicine?	[5] pathology?
	[6] A. Yes.	[6] A. Im board certified in anatomic
	[7] Q. And where is that license?	[7] pathology, clinical pathology, and cytopathology.
	[8] A. State of Florida.	[3] Q. And you're the chief of the pathology
	[9] Q. Are you still licensed in Ohio as well?	[9] department here?
	[10] A. No.	[10] A. Of this division. So at the Lake City
	[11] Q. That's lapsed after you moved?	[11] division of the VA.
	[12] A. Yes.	[12] Q. What were you doing in August of 1995 if
	[13] Q. Can you give us a thumbnail sketch	[13] you remember?
	[14] please, Dr. Hook, concerning your medical education	[14] A. I war a clinical associate at the
	[15] and training?	[15] Cleveland Clinic. which is a staff member.
	[16] A. I went to medical school at Nova	[16] <b>Q.</b> So you had already completed your four
	[17] Southeastern University in Miami, Beach. Then I did	[17] years of pathology residency by that time?
	[18] an internship in Largo, Florida, general rotating	[18] A. Yes. And a year of internship which
	[19] internship. I did pathology residency for four	[19] completes the entire pathology residency.
	[20] years at the Cleveland Clinic in Ohio. Followed by	[20] Q. David Gonda was a young man who died as a
	[21] one year of clinical associate, which is like	[21] patient at the Cleveland Clinic on August 18th of
	[22] equivalent to a staff member, at the Cleveland	[22] 1995 and the records suggest that an autopsy was
	[23] Clinic. I went back and did a year fellowship in	[23] performed <b>upon</b> him following his death at that
	[24] cytopathology at Montiefiore Medical Center in the	[24] facility. Do you have any personal recollection of
	[25] Bronx. Then staff last year at the University of	[25] that case?
(	l'age 7	Page 8
	[1] A. Yes. I do remember the case,	[1] Q. The other individuals that you have
	[2] Q. Is there anything that stands out about	[2] identified are named on the autopsy report but, at
	[ 3] the case that prompts you to be able to have a	[3] least my recollection is, I don't see Dr. Ratliff's
	[4] personal recollection?	[4] name. Who is he?
	[5] A. Yes, it was an unusual, rare case.	[ <sup>5</sup> ] A. <b>He</b> is the cardiac pathologist and
	[6] Q. You had some participation in <b>this</b>	[6] actually the pathologist in charge of autopsies, at
	[ <b>71</b> autopsy?	[7] least that was his position at the time I was there.
	[8] A. Yes.	[8] Q. And your recollection is that he had some
	[9] Q. Would you tell me when autopsies are	[9] involvement in this autopsy <b>as</b> well?
	[10] performed at the Cleveland Clinic Foundation is it	[IO] A. I consulted him.
	[11] jut a single physician who's involved or is it more	[11] Q. If you can do so, Dr. Hook, either by
	[12] of a team approach?	[12] particular recollection of the case or by what you
	[13] A. It's a team approach.	[13] would believe following standard protocol would have
	[14] Q. Do you recall the identities of other	[14] happened. can you tell me the involvement of the
	[15] individuals from the clinic who participated in	[1 various individuals that we've identified?
	[16] performing the autopsy and reaching the anatomical	[16] A. Nancy Wang as the first year resident
	[17] diagnosis7	[17] would have performed the actual autopsy from the
	[18] A. Yes.	[18] time of evisceration and had done the dissection,
	[19] Q. Could you identify those for me, please?	[19] She was to be supervised by the senior resident at
	[20] A. Nancy Wang, who was a first year	[20] that time which was Joseph Sreenan. He would have
		[21] reviewed the entire case with her, all of the gross
(	[20] A. Nancy Wang, who was a first year	
	<ul> <li>[20] A. Nancy Wang, who was a first year</li> <li>[21] resident, Joseph Sreenan, who was a fifth year</li> </ul>	[21] reviewed the entire case with her, all of the gross
	<ul> <li>[20] A. Nancy Wang, who was a first year</li> <li>[21] resident, Joseph Sreenan, who was a fifth year</li> <li>[22] resident, myself, and I consulted with Dr. Norman</li> </ul>	<ul> <li>[21] reviewed the entire case with her, all of the gross</li> <li>[22] organs. They in turn would present the cam to me</li> </ul>
	<ul> <li>[20] A. Nancy Wang, who was a first year</li> <li>[21] resident, Joseph Sreenan, who was a fifth year</li> <li>[22] resident, myself, and I consulted with Dr, Norman</li> <li>[23] Ratliff.</li> </ul>	<ul> <li>[21] reviewed the entire case with her, all of the gross</li> <li>[22] organs. They in turn would present the cam to me</li> <li>[23] as the staff pathologist and I would review the</li> </ul>

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Page 9. Page 10 was secured and what involvement he would have had (11 others sort of gone over in a cursory fashion. [1] in this case. [2] [2] The first year resident and the senior This is an extremely unusual finding [3] Δ resident would form the. they write the description, [3] within the heart in this patient. Dr. Ratliff has (4] submit the sections, and they form the preliminary [4] extensive experience in cardiac pathology and since [5] anatomic diagnosis. And then when the slides, the [5] I was unfamiliar with this entity I consulted him [6] glass slides are received they also form sort of a [6] and showed him the glass slides. We discussed what preliminary final diagnosis, which is sort of fine [7] [7] the entity was. He was quite familiar with it, even tuned by the staff pathologist. [8] [ 8] had some references available. [9] Q. Staff pathologist being you? [ 9] Q. After your consultation with Dr. Ratliff [10] [10] А. Me, yeah. As far as the report itself then would it [II] and upon your review of the procedures performed by 0. [11] the residents did the clinic then reach a final be correct that that's probably not your actual [12] [12] anatomical diagnosis in the case? dictation but rather one of the residents? [13] [13] [14] Yes. [14] It's not my dictation. Α. A. [15] [15] Do you know who dictated the report? MR, RUF Objection as to any discussion Ο. with Dr. Ratliff. [16] [16] A. Nancy Wang. What was the final anatomical diagnosis [17] Q. Before it reaches its final form does it [17] Q. [18] [18] in this care, Doctor? require your approval? Endomyocardial fibrosis of the right [19] A. Yes. [19] Α. [20] [20] ventricle. Q. Is the autopsy report that you have [21] Q. Is that a disease process that you have reviewed something then that you actually approved [21] before it was determined as the final report? [22] familiarity with? [22] [23] [23] Α. Yes. Α. No Had you seen a case of this nature prior And if you could, Dr. Hook, tell me then Q. 241 Q. [24] I guess Im not clear how Dr. Ratliff's involvement [25] to Mr. Gonda? 25] Page 11 Page 12 be. Would you mind expressing that? [1] [1] No. A. [2] MR, RUF: What was the question again? [2] Q. Have you seen one since? [3] А. No. Oh, I think the question was is Dr. Ratliff [ 3] Do you know whether Dr. Radiff has seen familiar with this entity. [4] 0. [ 4] [5] MR, TRAVERS: Correct, words to that [ 5] cases of this nature previously? [6] [6] Α. Yes. effect. [7] MR, RUF Objection. [7] MR. RUF: That goes to Dr. Ratliff's [ 8] MR. TRAVERS: Mark, I've never spoken knowledge, not hers. And if she's aware of [8] with Dr. Hook before my arrival hem thu [9] [ 9] that fact it's hearsay because it's discussions [10] afternoon in Lake City. I have indicated that [10] between Dr. Ratliff and Dr. Hook. [11] this is a discovery deposition and it's really [11] MR, BLOMSTROM: Okay. Fair enough. MR, RUF: Go ahead. You want to answer [12] [12] entirely unclear to me why you're objecting if [13] I'm asking her questions that will identify [13] the question? MR, TRAVERS: I think she did, Mark. [14] discoverable information in the case. [14] [15] MR, RUF Well, I'm going to object on [15] MR. FRASURE: I didn't hear the answer. [16] the record just in case this deposition is read [16] This is Mark Frasure. [17] MR, TRAVERS: Let me ask again. [17] in at trial. I want to make sure all my Dr. Hook, do you know whether or not [18] [18] objections are preserved in the deposition, 0. Dr. Ratliff had previously seen cases of [19] especially since this is being taken out of [191 [20] state with a doctor that's in Florida and she [20] endomyocardial fibrosis? MR, RUF Objection. [21] [21] may not be able to attend the trial. [22] [22] Yes. MR. TRAVERS: Okay. Α. He had expressed to you that he had seen [23] MR, BLOMSTROM: This is Jim Blomstrom [23] ο. cases like this before? [24] speaking. Im unclear even if this is read at [7!4] [25] trial what the basis of your objection would Yes. [25] Α.

	Page 13 ·	Pago 14
, • · ·	[1] MR. RUP: Objection.	[1] A. Extremely,
	[2] Q, Since the time that the report was	[2] Q. Tell me why, if you would.
		[3] A. Having read the literature on this entity
	[3] finalized I assume that you have not had occasion to	
(	[4] review this case for quite some time until again	[4] and reviewing that literature, this case is quite
	[5] just recently?	[5] consistent with the diagnosis as rendered on the
	[6] A. No.	[6] final anatomic diagnosis.
	[7] Q. At my request through counsel for the	[7] Q. We were yesterday in Cleveland taking
	[8] Cleveland Clinic have you again looked at the	[3] discovery deposition of a witness identified by
		[9] counsel for the Gonda family, his name is Dr.
		[10] Hoffman from University Hospital. And he expressed
	[I0] A. Yes.	
	[11] Q. And have you reviewed the dictation of	[11] some opinions contrary to the conclusion reached at
	[12] the <b>gross</b> findings?	[12] the clinic. It's his <b>suggestion</b> that the final
	[13] <b>A.</b> Yes.	[13] diagnosis should have included right sided
	[14] Q. Do you hold an opinion today, Dr. Hook.	[14] endocarditis. Do you hold an opinion based on
	[15] concerning the final anatomical diagnosis in this	[15] reasonable medical certainty as to whether
	[16] case?	[16] endocarditis would be a correct pathological
	[17] MR. <b>RUF</b> Objection.	[17] diagnosis in this case?
	[18] Q. You may answer.	
	[19] A. Yes.	[19] Q. What would that opinion be?
	[20] Q. And is it any different than the	[20] A. This is not a case of endocarditis.
	[21] diagnosis that was identified at the time that the	[21] Q. Explain your reasoning for that
	[22] report was completed?	[22] statement, if you would
	[23] A. No.	[23] A. The cardiac valves are not sampled and
	[24] Q. Can you tell me, Doctor, how confident	[24] were not involved By definition endocarditis is a
	[25] you are in that opinion?	[25] disease or inflammation of the cardiac valves.
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(	Page 15	Page 16
	[1] Q. Dr. Hoffman suggested that his review of	[1] process?
	[2] the microscopic findings prompted him to conclude	[2] A. It <b>can</b> support either diagnosis when one
	3] that there was a rampant ongoing infectious process	[3] reviews the gross,
	4] that Mr. Gonda was suffering from at the time of his	[4] Q. Was a review of the gross finding in this
		f at the instrumental in miles at an ongoing
		[5] case instrumental in ruling cut an ongoing
	6] that would be true?	[6] infectious process?
	6] that would be true?	[6] infectious process?
	6] that would be true? 7] A. Yes.	[6] infectious process?         [ A. It was helpful.
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•	(1] Q, Explain why not, if you would.	[1] the senior resident looks at the lissue it is better
•	[2] A. It's a polymicrobial isolate which means	[2] determined whether it's infectious or not and more
	[3] that more than one bacteria or organism was	[3] tusue could be taken at that time. It's evident
	[4] isolated. It's documented in many publications that	[4] from this that the first year most likely took a
٠	[5] in autopsy material this finding just represents a	[5] piece of lung and then <b>no</b> further cultures were
	[6] postmortem flourishing of the bacteria.	[ 6] taken.
	[7] Q. The pathogens identified in the	[7] Q. Would the lack of cultures be suggestive
	[8] microbiology report then you don't feel have any	[3] of an opinion from the senior resident or the
	[9] connection to the patient's disease process?	[9] attending pathologist that there was no suggestion
	(IO] A. No.	[10] of an ongoing infectious process that needed to be
	[11] Q. Do you know why - I believe I'm correct	[11] sampled?
	[12] in representing that these specimens were secured	[12] A. Yes.
	[13] from the lung tissue, I can't find any record that	[13] MR. RUF: Objection.
	[14] there was microbiology study done of heart tissue,	[14] Q. I note on the report, Dr. Hock, that
	[15] Do you know whether or not that's true or - let me	[15] there is no dictation concerning the microscopic
	[16] start with that question.	[16] findings. Is that unusual at the facility that you
	[17] A. Can you repeat the question?	[17] were working at at that nme?
	[18] Q. Do you know whether or not there was any	[18] A. No.
	19 microbiology study of heart tissue in the care?	[19] Q. What was the standard protocol as far as
	[20] A. Per the document that I've just seen	[20] microscopic dictation?
	[21] there was not.	[21] A. They're not done.
	[22] Q. Can you tell me why, if you know.	[22] Q. so the lack of microscopic dictation is
	[23] A. These cultures preliminarily are left up	[23] not any different in this case than any other ease
	[24] to the firt year resident who often will sample	[24] done at the clinic at that time?
	[25] tissue just to be sure not to miss anything. Once	[25] A. No.
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<b>*</b>	Page 19	Page 20
	[1] Q. There were a couple photographs taken of	[1] respect to the opinions that you expressed in
	[2] the patient's heart. Do you know why that was <b>done?</b>	[2] response to Mr. Traven' questions, were all of
	[3] A. It was an interesting case.	[3] those opinions expressed to a reasonable degree of
	[4] Q. Can you determine, Dr. Hook, from your	[4] medical certainty?
	[5] review of the fibratic lesion of the patient's heart	[5] A. Yes.
	[6] how long that lesion may have been present there?	[6] Q. You indicated that you didn't think that
	[7] A. NO.	[7] the culture results were significant, correct?
	[8] Q. You have looked at all <b>at</b> these slides	[8] A. Yes.
	[9] again today. as I understand it. with Mr. Jones?	[9] Q. Can you explain why that is, so that it's
	[10] A. Yes.	[10] a little more apparent to me?
	[11] Q, And have reviewed the report?	[11] A. Sun. Most people that do autopsies feel
	[12] A. Yes.	[12] that the postmortem cultures are fairly unreliable
	[13] Q. The original autopsy report?	[13] and that's due in part to the fact that once a
	[14] A. Yes.	[14] person is deceased the commensal organisms that are
	[15] Q. And then remains no question in your	[15] within the gut begin to inhabit the entire body so
	[16] mind that the correct anatomical diagnosis in this	[16] that when things are, things, organisms arc cultured
	[17] case was endomyocardial fibrosis?	[17] they're often organism chat are normal to that
	[18] MR. RUF Objection.	[18] individual in some extent. So it's really
	[19] A. Yes.	[19] contamination u how we kook at it.
	[20] MR. TRAVERS: Those are all the questions	[20] The only way to reliably validate that
$\frac{1}{2}$	[21] I have, Doctor. Thanks very much.	[21] the findings in postmortem cultures are true is to
	[22] CROSS EXAMINATION	[22] have a premortem blood culture and if that organism
	[23] BY MR. BLOMSTROM:	[23] is the same as the organism identified on the
	[24] Q. Hi. I'm Jim Blomstrom, I represent	[24] postmortem culture then you can say that was the
	[25] Dr. Hafiz. I only have a low questions. With	[25] cause of the disease or the pneumonia, whatever
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•	Page 21	Page 22
•	[1] you're trying to Identify.	[I] A. A thrombus.
	[2] Q. Will you explain for us what is meant by	[2] Q. And 16, clot covering the right
-	[3] the term contaminant?	[J] ventricular mass, what is that?
- - 	[4] MR, RUF: Excuse me? What did you say,	[4] A. That's actually a newer area of blood
	[5] Jim?	[5] clot, the right ventricular mass, the thrombus is
	[6] MR, BLOMSTROM: I've asked her to explain	[6] more organized and the clot is actually a more
	[7] what is meant by the term contaminant.	[7] viable, fresher area.
	[8] A. Extraneous bacteria. One not responsible	[8] Q. Now, you indicated that some pathologists
	[9] for the disease process.	[9] who may look at this right ventricular mass may
	[10] Q. <b>On</b> the autopsy report itself, if you	[10] misidentify it as an inflammatory area; is that
	[11] could locate that.	[11] correct?
	[12] A. Sure.	[12] A. Yes.
	[13] Q. We have here listed on microscopic	[13] Q. With respect to the right ventricular
	[14] segments right ventricular mass, the same words from	[14] mass that is a thrombus, can you tell me how long
	[15] number 11 through number 14, correct?	[15] the thrombus had been present?
	[16] <b>A.</b> Uh-huh.	[16] <b>A.</b> No.
	[17] MR. JONES: You need to answer out loud.	[17] Q. From a pathological point of view that
	[18] A. Yes.	[18] cannot be determined?
	[19] Q. What <b>is</b> that right ventricular mass,	[19] A. Yes.
	[20] having reviewed the slides from 11 through 14 and	[20] Q. Is there anything that usually occurs
	[21] then Ill ask you about the number 15 after that.	[21] with a thrombus inside a heart as far as
	[22] A. The right ventricular mass is a thrombus.	[22] consolidation or anything like that?
	[23] Q. Now, there is a number 15 right	[23] A. Thrombi anywhere undergo a form of
	[24] ventricular mass along the right ventricular free	[24] organization with sort of a vascular network that
	[25] wall, Can you tell me what that is?	[25] forms within them. That's what's called
•	Page 23	Page 24
	[1] organization. That would happen in any organ where	[1] the internal organs.
	[2] there was a thrombus.	[2] Q. The internal organs?
	[3] Q. Is that present here?	[3] A. Yes.
	[4] A. Yes.	[4] Q. Did you look at the partian of the
	[5] Q. To what extent? Or doesn't the question	[5] internal pan of the <b>body</b> that is described in the
	[6] make any sense?	[6] gross description?
	[ A. I'm not sure how to answer that.	[7] A. Yu.
	[8] Q. It's either there or not?	[8] Q. Lung?
	[9] A. Exactly.	[9] A. Yes.
	[10] Q. It's a binary system?	[10] Q. Okay. There's mention made in the
	[11] A. Yes.	[11] report, Doctor. if you would turn to Page 4 of the
	[12] MR. BLOMSTROM: Thank you very much.	[12] autopsy.
	[13] MR. FRASURE: Doctor, my name's Nark	[13] A. Okay.
	[14] Frasure on behalf of Dr. Cropp.	[14] Q. There's mention made about half way down
	[15] CROSS EXAMINATION	[15] starting out with the word right ventricle there is
		1151 a cott =
	[16] BY MR, FRASURE:	[16] a soft -
	[16] BY MR, FRASURE: [17] Q. Did Dr Is it Ratliff?	[17] A. Im looking hold cn. Okay.
	[17] Q. Did Dr = Is it Ratliff?	[17] A. Im looking hold cn. Okay.
	[17] Q. Did Dr - Is it Ratliff? [18] A. Yes.	<ul> <li>[17] A. Im looking hold on. Okay.</li> <li>[18] Q. It goes on to say it describes as a soft</li> </ul>
	<ul> <li>[17] Q. Did Dr - Is it Ratliff?</li> <li>[18] A. Yes.</li> <li>[19] Q. He looked at the slides, am I correct?</li> </ul>	<ul> <li>[17] A. Im looking hold cn. Okay.</li> <li>[18] Q. It goes on to say it describes as a soft</li> <li>[19] pliable white colored mass which extends from the</li> </ul>
	<ul> <li>[17] Q. Did Dr - Is it Ratliff?</li> <li>[18] A. Yes.</li> <li>[19] Q. He looked at the slides, am I correct?</li> <li>[20] A. Yes.</li> </ul>	<ul> <li>[17] A. Im looking hold cn. Okay.</li> <li>[18] Q. It goes on to say it describes as a soft</li> <li>[19] pliable white colored mass which extends from the</li> <li>[20] apex to the ventricle. Can you see that on any of</li> <li>[21] the slides?</li> </ul>
	<ul> <li>[17] Q. Did Dr - Is it Ratliff?</li> <li>[18] A. Yes.</li> <li>[19] Q. He looked at the slides, am I correct?</li> <li>[20] A. Yes.</li> <li>[21] Q. Did he look at the body?</li> <li>[22] A. No.</li> </ul>	<ul> <li>[17] A. Im looking hold cn. Okay.</li> <li>[18] Q. It goes on to say it describes as a soft</li> <li>[19] pliable white colored mass which extends from the</li> <li>[20] apex to the ventricle. Can you see that on any of</li> <li>[21] the slides?</li> <li>[22] A. You can YE the attachment of the clot to</li> </ul>
	<ul> <li>[17] Q. Did Dr = Is it Ratliff?</li> <li>[18] A. Yes.</li> <li>[19] Q. He looked at the slides, am I correct?</li> <li>[20] A. Yes.</li> <li>[21] Q. Did he look at the body?</li> <li>[22] A. No.</li> </ul>	<ul> <li>[17] A. Im looking hold cn. Okay.</li> <li>[18] Q. It goes on to say it describes as a soft</li> <li>[19] pliable white colored mass which extends from the</li> <li>[20] apex to the ventricle. Can you see that on any of</li> <li>[21] the slides?</li> <li>[22] A. You can ye the attachment of the clot to</li> </ul>

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•	Page Z ·	Page 26
·	[1] that,	[1] appearance than what endocarditis appears.
	[2] Q. Was the apex of the ventricle actually	[2] Q. Thrombus is distinctly different in
	[3] involved with this material?	[3] appearance from vegetation?
(	[41 A. Ycs.	[4] A. Vegetation can appear a vegetation is
	[5] Q. As of the time you were invoked in this	[5] a small red nodule which looks very much in
	[6] autopsy back three years ago had you ever seen an	[6] consistency like a thrombus. however, this was a
	[7] autopsy involving infective endocarditis?	[7] large mass that extended from the wall of the
	[8] A. Yes.	[8] ventricle so it wasn't involving the valve. Does
	[9] Q. So were you familiar then with the	[9] that make sense?
	[10] vegetation that is normally seen in infective	[10] Q. Not involving any valves, correct?
	[11] endocarditis?	[11] A. True,
	[12] A. Yes.	[12] Q. Did you believe that the slides that were
	[13] Q. Did you see any vegetation, the type of	[13] obtained were adequate to show the pathology?
	[14] vegetation chat you see in endocarditis did you see	[14] A. Yes.
	[15] any such vegetation of any type here in this	[15] Q. Do you know, Dr. Hook, if any article was
	[16] patient?	[16] written on this case? Sometimes they are at the
	[17] A. No.	[17] Cleveland Clinic I know.
	[18] Q. How is one able to distinguish on gross	[18] A. Yes.
	[19] examination as a pathologist whether what your	[19] Q. There was?
	[20] seeing is vegetation or thrombus as you described?	[20] A. Yes.
	[21] A. The vegetation involves the valve and is	[21] Q. Do you know where we could find it?
	[22] usually attached as a small nodule to the valve, it	[22] A. No.
	[23] grossly looks very similar to a thrombus, however,	[23] Q. Do you know who wrote it?
	[24] in this case the thrombus was originating from the	[24] A. Yes.
	[25] myocardial wall which is distinctly different in	[25] Q. Who was that?
(	Page 27	Page 28
<b>.</b>	[1] <b>A.</b> Dr. Ratliff.	[1] am representing the Plaintiff Gonda family in
	[2] Q. He did?	[2] this case. I have some questions for you as
	[3] A. I don't know that he exactly was the	[3] well.
	[4] first author on that, but I know he's involved in	[4] Q. Doctor, prior to giving this deposition
	[5] one.	[5] you met with Attorney Travers and Attorney
	[6] Q. Do you know if it was published in a	[6] Blomstrom; is that correct?
	[7] Cleveland <b>Clinic</b> journal?	[7] A. No.
	[8] A. In sorry, but I don't.	[8] Q. You did not spend any time with them
	[9] Q. Do you believe he was one of the authors?	[9] before this deposition?
	[10] A. Yes.	[10] <b>A.</b> No.
	[11] Q. Have you ever seen the article?	[ <sup>1]</sup> MR, TRAVERS: You mean other than the
	[12] A. Yes.	[12] time, Mark, that We waited for you to be ready
	[13] Q. Can you tell us generally what it says,	[13] for the deposition because you indicated you
	[14] if you remember?	[14] thought it was at 3:00 rather than at 2:00?
	[IS] A. It's been over three years so Ifm sorry,	[ <sup>1</sup> 5] MR. RUF Yes. Sorry about that.
	[16] no.	[16] MR, TRAVERS: That's okay. 1 mean we
	[17] Q. And I'm correct there were no cultures	[17] were sitting here with the doctor waiting to
	[18] taken from the heart beyond the preliminary	[18] reach you if that's your question, but that was
	[19] cultures?	[19] the first we've met with her, or I have at
	[20] A. Yes.	[20] least.
	[21] MR, FRASURE: All right. That's all I	[21] Q, Doctor, can <b>you</b> tell me what the protocol
	[22] have. Thank you.	[22] is for keeping organs or tissue samples at the
· .	[23] CROSS EXAMINATION	[23] Cleveland Clinic?
	[24] BY MR, RUP:	[24] A. Actual tissue samples like fresh tissue?
	[2 <sup>5</sup> ] MR, RUF: Doctor, my name is Mark Ruf, I	[25] Q. Yes,
	-	· · · · · · · · · · · · · · · · · · ·

atur a. n. a Secondadaria	Emile Star S, end we an K S Manufa	
	Page 29 •	Page 30
2 - 1 - 1 2	[1] A. At the time of autopsy the whole organs	[1] Q. At the time you performed this autopsy
	[2] a m saved until the <b>case</b> u signed out; they're	[2] did you perform any research?
· •••	[3] refrigerated. Once the preliminary anatomic	[3] A. I don't know.
	[4] diagnosis is made those are discarded, But a small	[4] Q, Did you consult any medical textbooks in
	[5] piece of each organ is kept, and anything that's	[5] order to render the diagnosis that you did in the
	[6] very interesting, sometimes the whole organ is kept.	[6] autopsy?
	[7] But a small piece is kept. And by - I'm not sure	[7] A. Can you ask that again, please?
	[8] if it's the CAP, the College of American	[3] Q. Yes. Did you consult any medical
	[9] Pathologists. requires that those are kept I believe	[9] textbooks to assist you in rendering the diagnosis
	[10] for three months, but I could actually be wrong. So	[10] that's found in the autopsy report?
	[11] those are kept at least until the case is signed	[11] A. Dr. Ratliff knew <b>cf</b> the diagnosis and I
	[12] out. The paraffin that the tissue is embedded to	[12] confirmed that diagnosis by looking in some
	[13] make the slides they're actually samples of tissue	[13] textbooks, however, I did not search textbooks
	[14] that are now sort of held forever in paraffin needs	[14] looking for this diagnosis.
	[15] to be kept for a five-year period, however, I think	[15] $Q$ . What textbooks did you $look$ in to confirm
	[16] they're kept a lot longer.	[16] the diagnosis?
	17] Q. Do you know if any organs or tissue	[17] A. They were textbooks that belonged to
	18] samples were kept from David Gonda?	[18] Dr. Ratiiff and I do not what their names are. I'm
	19] A. I do not know other than the paraffin	[19] terribly <b>sorry</b> .
	20] embedded blocks.	[20] Q. Are there any standard pathology
	21] Q. Is there any condition in David Gonda's	[21] textbooks that you find to be accurate and reliable?
	22] heart that was not shown in the photographs that	[22] A. There are textbooks that I find to be
	23] were taken of the heart?	[23] accurate and reliable however cardiopathology is a
	24] A. I have <i>not</i> reviewed those photographs <b>so</b>	[24] very specialized area and has textbooks all to
	25] I don't know,	[25] itself. And there are quite <b>a</b> few, the number is
(	'age 31	Page 32
	1] extensive and the only ones that I've looked at are	[1] Q. Were you still in training to become a
	2] the ones that Dr. Ratliff has.	[2] pathologist?
	3] Q. What standard pathology textbooks do you	[3] A. No, I had completed my training.
	4] find to be accurate and reliable?	[4] Q. How long had it been since you had
	51 MR, BLOMSTROM: Objection because your	[5] completed your training?
	6] question is unclear as to whether you're	[6] A. What month <b>was</b> the autopsy done?
	7] talking about cardiopathology or pathology in	[7] MR. JONES: August of '95.
	8] general.	[8] A. One month,
	91 MR. RUF Pathology textbooks in general.	[9] Q. So all of the doctors involved in
	<b>[0]</b> A. Stemberg's and Ackerman's. It's	[10] actually performing the autopsy were either doctors
	1] Ackerman's <b>Surgícal</b> Pathology and Stemberg's	[11] in training or yourself that had just completed the
	2] Diagnostic Surgical Pathology,	[12] training one month prior to performing this autopsy.
	3] Q. What is the title of the first book?	[13] correct?
	4] A. Ackerman. Ackerman is like the writer, I	[14] A. True.
	5] guess he's not - Juan Rosai is the writer.	[15] Q. Would you agree that the pathologist
	6] Ackerman's Surgical Pathology. Those am two sort	[16] involved in performing this autopsy or the doctors
	7] of general surgical pathology books.	[17] involved in performing this autopsy were lea
	8] Q, How many autopsies had you performed <b>at</b>	[18] qualified than a pathologist who has been performing
	9] the time you were involved in David Gonda's autopsy?	[19] autopsies for more than 20 yean?
	0] A. SO.	[20] A. No.
,	1] Q. Arid at the time I believa you said you	[21] Q. why do you say no?
	2] were an intern?	[22] A. Because the training at the Cleveland
	3] A. No, I was a clinical associate, which is	[23] Clinic is quite extensive. I'vo been oxposod to
	4] sort of a junior staff member; that's the title they	[24] some pathologists recently who've been trained for
	5] give junior statt,	[25] 20 years and I don't think they know anymore than I

Page 32         Page 34           (1) 60.         (2) A. No, 1 don't agree with that.           (3) Chernedy Respirat         (3) A. No, 1 don't agree with that.           (4) Chernedy Respirat         (3) Chernedy Respirat           (3) A. No, 1 don't agree with that.         (3) Chernedy Respirat           (4) A. No.         (4) A. The final anometric diagnosis.           (5) M. Ar Steep Ends the only physician         (4) A. The final anometric diagnosis.           (4) M. The don't only on spece that the only physician         (5) Chernedy Respiration           (5) M. Ar Steep Ends De. Null?         (7) Respiration Respiration Note that the order Steep Interview Respiration Note that the order Steep Interview Respiration Note that the order Steep Interview Respiration Note that the Interview Respiration Note that the steep Provide Steep Interview Respiration Note that the Interview Respiration Note that the steep Provide Steep Interview Respiration Note Note that the Interview Respiration Note Respiration Note Note Steep Interview Respiration			T	
13       Q. Aug you familiar with Dg Hotfman at       (3)       Q. West reference for shales         13       Utheredity Roopail?       (1)       rest at reference for shales         14       Utheredity Roopail?       (2)       Q. Wand you get that here only physics         15       On Do you aget that the only physics       (2)       Q. Wand you get that here only physics         15       Generation, specific field on the motry proper at Dr.       (3)       microscopies within the analysis of the AD         16       An Text       (3)       A. Text       (3)       an Starty, Link and Start         17       Remain any the only physics       (4)       A. Tak on the only physics       (4)         18       A. Text       (1)       centres in the only approximate       (1)       (1)         19       A the field on dimensional Can you physics       (1)	Pa	go <b>33 .</b>	Pag	
[3]       Unversity Hospital?       [3]       r-sub of reviewing in solida?         [4]       A       No.       [4]       A       A       find in animation disposit.         [5]       O. Do you agree that the only physican at (f).       [6]       (f)       (f)       (f)       (f)         [6]       A. Yes.       [6]       (f)       (f)       (f)       (f)       (f)         [7]       O. Do you agree that the only physican dist.       [6]       (f)       (f)       (f)       (f)       (f)       (f)         [8]       A. Yes.       [9]       (f)       (	[1]	] do.	[1]	A. No, I don't agree with that.
[1]       A. Yn       Find material dignois.         [2]       A. Yn       [3]       A. Yn find material dignois.         [3]       A. Yn       [3]       Q. Work yn agree that loc on the 100.         [4]       A. Yn       [3]       A. Yn         [5]       A. Yn.       [3]       A. Yn.         [6]       D. Do you agree that Dr. Nagl(Y) name does       [3]       A. This true.         [1]       A. That's true.       [1]       score agree that Dr. Nagl(Y) name does       [3]       a. That's true.         [1]       A. That's true.       [1]       score agree that fundings on the manager report?       [1]       a. That's true.         [1]       A. That's true.       [1]       score agree that fundings on the manager report?       [1]       in induce manager report there is no         [1]       A. The is an true web gave report?       [1]       in induce manager report?       [1]       in induce manager report there is no         [1]       A. The is an induce score report report?       [1]       in induce manager report there is no       no         [1]       A. Induce induce and induce score proper?       [1]       induce indu	[ 2]	Q. Are you familiar with Dr. Hoffman at	[ 2]	Q. What microscopic findings aro luted as a
[5]       O. Do you agree that he only privates       [1]       Q. Weak you agree that he only of the 20         [6]       that are listed on the anapyr report are Dr.       [6]       indicompte tections listed there are an specific         [7]       Stream, youndi, and Dr. Wang?       [8]       A. Tas serv. 1 don't understand. Say it         [8]       A. Yes.       [8]       A. mesory. 1 don't understand. Say it         [9]       O. Do you agree that the only private       [9]       O. Do you agree that for the 20 microscopic         [10]       A. Tas's too:       [11]       sections limit of the anapyr report?         [12]       A. Tas's too:       [11]       sections limit of the anapyr report?         [13]       A. Tas's too:       [11]       sections limit of the anapyr report?         [14]       Q. As a dormage hysician did you units       [14]       A. Issue of the anapyr report?         [15]       A. Tas's and the anapyr report?       [16]       Tast's not a microscopic dearge for the anapyr report?         [16]       A. Jay on agree that the anapyr report?       [16]       Sections limit due anapyr report?         [16]       A. Jay on agree that the anapyr report?       [16]       Sections limit due anapyr report?         [17]       Q. Vere all the significant finding on the anapyr report?       [16]       Sections limit	[ 3]	University Hospital7	[3]	rwult of reviewing the stides?
[5]       that are last as the antopy report are Dr.       [6]       microscope sections listed there are to specific         [7]       Section, year-di, and Dr. Wang?       [7]       microscope sections listed there are to specific         [8]       A. Yea.       [8]       A. Bessyn, 1 doit understand. Say it         [9]       The structure of the analogy report?       [10]       C. Do yea agrees that Dr. Ratiff's name destand         [10]       The structure of the analogy report?       [11]       N. That's true.       [12]         [13]       A. That's true.       [13]       is desta agrees proteom data of the analogy report?       [14]         [15]       A. That's true.       [15]       specific finding within for each of these sections.       [16]         [16]       A. That's true.       [17]       G. We can all as significant findings.       [16]         [17]       Q. We can all as significant findings.       [16]       finding singer that there's not a anticopy report?         [18]       A. Yea.       [19]       microscope report?       [20]       finding singer true there in the analogy report?         [21]       M. Yea.       [22]       M. Yea.       [23]       finding singer that here are no findings.         [23]       M. Yea.       [24]       M. R. TRA'PERS: Do: that mone yore done, if the analogy rep	. [4]	A. No.	[4]	A. The final anatomic diagnosis.
<ul> <li>17 Second, yoursaff, and D. Wang?</li> <li>18 A Yes.</li> <li>19 O. Do you agree that Dr. R.1167 a nume does</li> <li>10 rest appear anywhere on the untopy report?</li> <li>11 A That's too.</li> <li>12 O. B you agree that Dr. R.1167 a nume does</li> <li>13 A That's too.</li> <li>14 A That's too.</li> <li>15 Infining within for and if these sections.</li> <li>16 a perty. I don't and/extand. Can you particle</li> <li>17 Infining within for and if these sections.</li> <li>18 A That's concentration of the autopy report?</li> <li>19 A Yes.</li> <li>10 A That to sure what you're shale.</li> <li>10 A That to sure what you're shale.</li> <li>11 Infining if the autopy report?</li> <li>12 A Yes.</li> <li>13 A Yes.</li> <li>14 A That to sure what you're shale.</li> <li>15 another way? I don't neally know what you're</li> <li>16 A That to sure what you're shale.</li> <li>17 Infining within for particle in the autopy report?</li> <li>18 A Yes.</li> <li>19 A Yes.</li> <li>10 A do you agree that the autopy report?</li> <li>11 A and you agree that the autopy report?</li> <li>12 A Yes.</li> <li>13 A Yes.</li> <li>14 A ond you agree that the autopy report?</li> <li>15 A and you agree that the autopy stepert</li> <li>16 A do you agree that there are in finding.</li> <li>14 A Do you agree that there are in finding.</li> <li>14 A Do you agree that there are in finding.</li> <li>14 A Do you sagree that there are in finding.</li> <li>14 A Do you sagree that there are in finding.</li> <li>14 A Do you sagree that there are in finding.</li> <li>15 A Do you agree that there are in finding.</li> <li>16 A Do you agree that there are in finding.</li> <li>17 A Do you agree that there are in finding.</li> <li>18 A Do you sagree that there are in finding.</li> <li>19 A Do you agree that there are in finding.</li> <li>10 A Do you agree that there are in finding.</li> <li>11 Ahrow finding on the tow of you can comment finding.</li> <li>12 A Yes.</li> <li>13 A Do you agree that there are in finding.</li> <li>14 A Do you agree that there</li></ul>	<b>[</b> 51	Q. Do you agree that the only physicians	[5]	Q. Would you agree that lor each of the 20
[3]       A. Yes.       [3]       A. mesory. I dort undextual. Say it         [4]       Q. Do you agree that Dx. Rattiff') name does       [1]       and         [1]       A. Tax's true.       [1]       sections back in the autopy report that is the autopy report?         [13]       A. Yes.       [14]       A. A showed by special data way of the autopy report?         [14]       A. A showed by special data you write       [14]       A. I all does understand. Can you appet that the store sections         [15]       A. B is no see what you're asking.       [16]       and messand. Can you appet that the store sections         [16]       A. May track in the autopy report?       [16]       and messand autopy that is the autopy report?         [16]       A. May track in the autopy spect       [16]       A. That's messand autopy that is the autopy report?         [17]       A. Yes.       [16]       A. That's messand autopy that is the autopy report?       [16]         [16]       A. That's messand autopy that is the autopy spect       [16]       A. That's messand autopy that's autopy report?         [17]       A. A doe' understand that either. I'm       [22]       MAR. AUE No, That Yes.         [23]	[ 6]	that are listed on the autopsy report arc Dr.	[6]	microscopic sections listed there are no specific
[9]       Q. Do you agree that Dr. Radiff's name does       [19]       ext appear anywhere as the antropy report?       [10]       o. Do you agree that for the 20 microscopic         [11]       A. Tarts toue.       [12]       o. Do you agree that for the 20 microscopic         [12]       Q. In serve. Did you give an answer?       [13]       in the antopy report there is no         [13]       A. Yes.       [14]       (14)       order inderstand. Can you ptrate         [14]       Q. As thorough physician findings       [16]       (14)       (14)       (14)         [14]       A. Sam out was what you're aking.       [16]       microscopic exceptors?       [17]       (19)       (19)       (19)         [16]       A. Tan not saw what you're aking.       [16]       microscopic exceptors?       [18]       microscopic exceptor exceptor         [19]       A. Tan on saw what you're aking.       [19]       A. There's not a microscopic exceptor except	[7]	Sreenan, yourself, and Dr. Wang?	[7]	findings listed in the autopsy report?
[13] exe appear anywhere an the antopy report?       [10] 0. Do you agree that for the 20 microscopic         [11] A. Tarks true.       [11] sections itside in the antopy sport the net of the sections         [12] O. Tarks true.       [13] sections itside in the antopy sport the each of these sections         [14] A. Tarks true.       [13] in the autopy sport the each of these sections         [15] A. Yes.       [13] in the autopy report?         [14] A. Tarks true.       [14] A. Tarksteins.         [15] down all significant findings       [16] a spring.         [17] O. Were all the significant findings       [16] espring.         [18] determined at autopy isolant findings       [17] O. All you agree that the autopy report         [18] determined at autopy isolant findings       [19] O. Okay. Thank year, Docker.         [20] O. And you agree that the autopy vides?       [21] O. Okay. Thank year, Docker.         [23] server.       [24] M. Tarksteins? Dock that true on your done.         [25] server.       [26] M.R. RUFP. No, Im not finished yet.         [26] O. Do you agree that there are no findings       [26] M.R. RUFP. No, Im not finished yet.         [25] server.       [26] M.R. RUFP. No, Im not finished yet.         [26] and there take an information yreversel?       [27] M.R. RUFP. No, Im not finished yet.         [28] and the review of antipey siles?       [29] M.R. RUFP. No, Im not finished yet.      <	[ 8]	A. Yes.	[8]	A. Im sorry. I don't understand. Say it
[13] A. Tha's rate.       [11] sections load in the autopy report there is no         [12] Q. A. Tha's rate.       [11] sections load in the autopy report there is no         [12] Q. A. status rate.       [11] sections load in the autopy report there is no         [13] A. Yes.       [11] sections load in the autopy report there is no         [14] Q. As a thorough physicin did you write       [14] A. I still don't understand. Can you phrate         [15] down all significant findings on the autopy report?       [15] in the autopy report and the autopy report.         [16] A. Tha's more start when you're akking.       [17] Q. Will you agree that the autopy report.         [18] determined at autopy inself in the autopy report.       [19] A. There's not an informative form.         [20] Q. And you agree that the autopy report.       [21] Q. Okay: Thank you. Correct?         [21] down on this any findings on the autopy report.       [22] A. There's not an informative down.         [23] sorry.       [24] M. R.RAVERS: Does that mean you're down.         [24] Q. Do you agree that there are no findings       [25] MR. TRAVERS: Does than an you're down.         [25] birds base an inflammatory precisi?       [26] M. R. TRAVERS: Does than an inflammatory precisi?         [26] A. Doyou want to to bak at hem or just       [1] doing it.         [27] Hard based upon the review of autopy stides?       [28] A. No.         [28] G. Du you agree that there is no       [1] doing i	{ 91	Q. Do you agree that Dr. Ratliff's name does	[9]	again.
[13]       A. Tark's mee.       [11]       sections listed in the autopys report there is no         [12]       Q. In storough physicinal day you write       [13]       A. Yes.         [14]       Q. As a through physicinal day you write       [14]       A. I still don't understand. Can you phrase         [13]       A. Yes.       [14]       A. Tark's more write       [14]       A. Tark's more write         [14]       Q. As a through physicinal day you write       [14]       A. Tark's more write       [15]         [16]       determined at antopy trave at the significant findings       [17]       Q. Wree at the significant findings       [17]         [18]       determined at antopy trave fract the autopy report       [18]       microscopic stella in the autopy report.         [19]       A. Yes.       [10]       A. Tark's has an indice work and you write       [20]         [21]       determined at antopy trave       [21]       Q. Okay. Thank you, correct?       [22]         [22]       A. Ido't understand that other. The       [22]       Mark. Group thick her any no findings       [23]         [24]       M. Do you agree that there are no findings       [24]       M. R.UFP. No, fin a find how yet.         [25]       intermine whether at a money site.       [26]       M. R.TRAVERS: One thar a at the site anonome at the report.<	[10]	<b>not</b> appear anywhere <b>on</b> the autopsy report?	[10]	Q. Do you agree that for the 20 microscopic
[13]       A. Yes.       [13]       in the autopy report?         [14]       G. As a through physician did you write       [14]       A. A fail don't understand. Can you phrase         [15]       down all significant findings       [16]       A. Tamber way? I don't really know what you're         [16]       A. Yes.       [16]       andber way? I don't really know what you're         [16]       A. Yes.       [17]       Q. Were all the significant findings       [17]         [18]       microscopic section the autopy section?       [19]       A. There's not a microscopic description for         [20]       Q. And you agree that the autopy report?       [21]       MR. Nath Yes.?: Does that mean you're done.         [22]       M. A iden't understand that either. Im       [22]       MR. RAYERS: Does that mean you're done.         [23]       istract housed upon the review of autopy sides?       [24]       MR. RAYERS: Now Im soft indived yet.         [25]       Mark. or you like hor answer?       [26]       MR. RAYERS: No, Im soft indived yet.         [26]       O. you agree that there are no findings       [27]       MR. RAYERS: No, Im soft indived yet.         [28]       O. you agree that there are no findings       [29]       Mark. or you like hor answer?         [29]       O. Joyou agree that there of im on isost       [10]			[11]	sections listed in the autopsy report there is no
[13] A. Yes.       [13] in the autopy report?         [14] G. A. A through physician did you write       [15] in the autopy report?         [16] down all significant findings on the autopy report?       [16] A. Than out sure what you're asking.         [16] A. The not sure what you're asking.       [16] expires.         [17] Q. Wret all the significant findings.       [17] Q. Will you agree that the sure what you're of the autopy report?         [18] dottrimined at autopy liked in the autopy report?       [19] A. There's not a microscopic description for         [20] Q. And you agree that the anony mort       [21] each shift in the report.         [22] A. I don't understand that either. In       [22] M.R.TRAVERS: Does that mean you're done.         [23] infrad based upon the review of autopy sides?       [23] Mark. or you like her anseer?         [24] Q. Du you agree that there are no findings       [24] M.R.RAVERS: Does that mean you're done.         [25] infrad based upon the review of autopy sides?       [26] M.R.TRAVERS: Oh, okay.         [26] Page 35       Page 36         [11] doing it.       [12] culture is necessary to determine whether or on an a sign what nec to look at them or just         [2] A. Du you wast me to look at them or just       [3] culture's is necessary to determine what microorganisms         [3] A. Du you agree that there is no       [4] organ contails microorganisms         [3] inflammatory preceat?       [4] A. You, You.	[12]	Q. Im sorry. Did you give an answer?	[12]	specific finding written for each of those sections
[15]       down all significant findings on the antopy report?       [15]       it another way?       I don't really know what you're         [16]       A. Tun tor ture what you're asking.       [17]       Q. Wire all the significant findings.       [17]       Q. Wire all the significant findings.         [17]       Q. Wire all the significant findings.       [17]       Q. Wire all the significant findings.       [17]       Q. Wire all the significant findings.         [18]       A. Yes.       [19]       A. There's not a microscopic description for       [20]         [21]       A. Yes.       [19]       A. There's not a microscopic description for         [22]       A. I don't understand that either. Tm       [22]       MR. TRAVERS: Does that mean you're done,         [23]       story.       [24]       Q. Do you agree that there are to findings       [24]         [25]       Kart Aver RS:       Do you agree that there are to findings       [24]         [26]       M. R.TRAVERS:       Do you agree that there are to findings         [27]       A. I don't understand that either are to findings       [26]         [28]       B. C. Can you comment on whether side nambers       [11]       doing it.         [29]       B. C. Can you comment on whether side nambers       [12]       doing it.         [21]       M. R.			[13]	in the autopsy report?
[15]       down all significant findings on the anopy report?       [15]       is another way?       [16]       series.         [16]       A. The other what you're asking.       [16]       series.       [17]       Q. Were all the significant findings         [18]       determined at anotypy lised in the anopyy report?       [19]       A. Then's here an in a compary side?       [20]       each side in the neuroscopic description for         [21]       Q. And you agree that then anopyy side?       [21]       Q. Oky. Thank you, Doctor.       [22]         [22]       A. I don't understand that either. In       [23]       MR, TRAVERS: Does that meen you're done.         [23]       story.       [23]       MR, TRAVERS: One shat meen you're done.         [24]       Q. Do you agree that there are no findings       [24]       MR, TRAVERS: One shat meen you're done.         [25]       find dong in.       [23]       MR, TRAVERS: One shat meen you're done.         [25]       find dong in.       [26]       MR, TRAVERS: On okay.         [26]       G. May comment on whether side numbers       [1]       doing in.         [27]	(14)	Q. As a thorough physician did you write	[14]	A. I still don't understand. Can you phrase
[15]       A. The not sure what you're asking.       [16]       saying.         [17]       Q. Were all the significant findings       [17]       Q. Will you agree that there's not a         [18]       determined at autopys lided in the autopy report?       [19]       A. The's not a microscopic description for         [20]       Q. And you agree that the autopys report?       [21]       A. The's not a microscopic description for         [21]       Q. Okay. Thank you, Dotor.       [22]       MR. TRAVERS: Does that mean you're done.         [23]       sorry.       [24]       MR. RAVENS: Does that mean you're done.         [23]       sorry.       [24]       MR. RAVENS: Does that mean you're done.         [25]       ited based upon the review of autopys greest?       [25]         [26]       MR. TRAVERS: Oh, okay.         [27]       MR. TRAVENS: Do, Man of finished yet.         [28]       a. Do you agree that there are to findings       [29]         [29]       Soft the net review of autopy greest?       [29]         [20]       G. Cun you comment on whether side numbers       [11]       doing it.         [21]       Unive's forestary to determine whether or not an       [30]       Q. Let me reaks it. Do you agree that a         [31]       A. Do you agree mat there is no       [31]       A. No. <td>· · ·</td> <td></td> <td>1</td> <td>it another way? I don't really know what you're</td>	· · ·		1	it another way? I don't really know what you're
[17] Q. Ware all the significant findings       [17] Q. Will you agree that there's not a         [18] determined at atopsy listed in the autopsy report?       [19] A. Yes.         [19] A. Yes.       [19] A. There's autopsy report.       [19] A. There's not a microscopic deception for         [20] Q. And you agree that the autopsy report?       [19] A. There's not a microscopic deception for       [20] each slide in the report.         [21] does not list any findings on the autopsy slide?       [21] Q. Okay. Thank yes, Docstor.       [22] M.R. Gyp: Nos link dher mawer?         [24] Q. Do you agree that there are no findings       [22] M.R. Gyp: Nos link dher mawer?       [23] Surger.         [25] birst based upon the review of autopsy slide?       [25] M.R. TRAVERS: Ob, okay.         Page 35       [26] Q. Let me re-ask it. Do you agree that a         [31] Ul through 15 show an inflammatory process?       [32] culture is necessary to determine what microorganisms         [32] G. Is light like to know if you can comment       [4] organ contaking microorganisms         [32] on you agree that there is no       [33] a. You gree that there is no         [33] A. You, gree that there is no       [34] A. Yes.         [34] A. Yes.       [35] A. Yes.         [35] A. Yes.       [36] A. Yes.         [36] A. Yes.       [37] there are in an organ without a culture?         [38] A. Yes.       [39] Co. Do you agree that there is no				
[36]       determined at autopy lised in the autopy report?       [18]       microscopic section in the autopy report. correct?         [39]       A. Yes.       [19]       A. Ther's not an microscopic description for         [30]       Q. And you agree that the autopy side?       [20]       each side in the review of port. correct?         [21]       Consort in any findings on the autopy side?       [22]       MR. TRAVERS: Does that mean you're done.         [23]       sorry.       [23]       MR, TRAVERS: Does that mean you're done.         [24]       MR, SUP: No., most finished yet.       [25]         [25]       MR there were?       [24]         [26]       MR travers: the newer?       [27]         [27]       A. Do you agree that there are no findings       [26]         [28]       Sorry.       [29]       MR, TRAVERS: Do. days.         [29]       Q. En you comment on whether side numbers       [11]       doing it.         [21]       It through If Show an inflammatory proceat?       [20]       Q. Let me r-set. It. Do you agree that a         [31]       organ comment on whether side numbers       [32]       outgate that there of not an         [32]       Q. Eds numbers       [33]       outgate that there of not an         [33]       A. Ton you comment on whether side numbers	· · ·		1	
[39]       A. Yes.       [10]       A. There's not a microscopic description for         [30]       Q. And you agree that the autopsy sides?       [21]       Q. Okay. Thank yee, Doctor.         [22]       A. I don't understand that either. Tm       [22]       MAR, ror you liked her answer?         [24]       Q. Do you agree that there are no findings       [24]       MR, TRAVERS: Does that mean you're done.         [23]       sorry.       [24]       MR, TRAVERS: On, okay.         [25]       kfted based upon the review of autopsy sides?       [25]       MR, TRAVERS: Oh, okay.         [26]       Q. Can you agree that there are no findings       [26]       MR, TRAVERS: Oh, okay.         [27]       MR op upon the review of autopsy sides?       [28]       MR, TRAVERS: Oh, okay.         [28]       B. O you agree that there side numbers       [11]       doing it.         [21]       I through 15 show an inflammatory process?       [22]       Q. Let me re-ask it. Do you agree that a         [39]       A. Do you wante no took at them of jast       [31]       a resonary on determine whether or not an         [41]       doing it.       [31]       A Yos.       [32]       A No.         [51]       G. No you agree that there is no       [32]       A. Yos.       [33]       A Yos. <t< td=""><td>· · ·</td><td></td><td></td><td>• •</td></t<>	· · ·			• •
30]       Q. And you sgree that the autopy report       [20]       each slide in the report.         31]       descent is any findings on the autopy slides?       [21]       Q. Okay. Thank you, Doctor.         32]       A. I don't understand that either. Im       [22]       M.R. TAAVERS: Does that mean you're done,         32]       sorry.       [23]       Mark. or you liked her answer?       [24]       M.R. RAVERS: Does that mean you're done,         321       sorry.       [23]       Mark. or you liked her answer?       [24]       M.R. RAVERS: Ob. doky.         22]       Isted based upon the review of autopy slides?       [25]       MR. TRAVERS: Ob. doky.         Page 35       [13]       Q. Can you comment on whether slide numbers       [14]       doing it.         21]       It through 15 show an inflammatory process?       [21]       Q. Let me re-task it. Do you agree that a         31       A. Do you amme too look at them or jast       [31]       collute is one constants microorganisms?         31       A. Do you agree that there is no       [31]       dorgan constants microorganisms?         31       A. From previous review?       [33]       A. You can't identify the specific         31       M. From previous review, no.       [33]       A. You can't identify the specific         31       M. From pre				
21]       does not list any findings on the autopys slides?       [21]       Q. Okay. Thank you, Doctor.         22]       A. I don't understand that either. Im       [22]       MR, TRAVERS: Does that mean you're done,         23]       sorry.       [23]       MR, RLF: No, Im soft finished yet.         24]       Q. Do you agree that there are no findings       [25]       MR, TRAVERS: Oh, okay.         Page 35       [26]       MR, TRAVERS: Oh, okay.         Page 35       [1]       Q. Can you comment on whether slide numbers       [1]       doing it.         2]       I through 15 show an inflammatory process?       [27]       A. No.         3]       A. Do you arrow the to look at them or just       [3]       culture is necessary to determine whether or not an         4]       on whether slide numbers 11 through 15 show an       [6]       A. No.         [7]       G. Do you agree that there is no       [10]       microorganism, however, the presence of         [8]       A. You agree that there is no       [11]       specific microorganism, however, the presence of         [9]       microbiological testing listed in the autopsy       [11]       specific microorganism, however, the presence of         [12]       A. Yes,       [13]       Q. Do you agree that there is no       [14]       specific microorganism is inivole			1 · ·	
221       A. I don't understand that either. Im       [22]       MR, TRAVERS: Does that mean you're done,         231       sorry.       [23]       Mark, or you liked her answer?         24]       Q. Do you agree that there are no findings       [24]       MR, RQF: No, In not finished yet.         25]       birted based upon the review of autopsy slides?       [25]       MR, TRAVERS: Oh, okay.         Page 35       [26]       MR, TRAVERS: Oh, okay.         21       11 through 15 show an inflammatory process?       [21]       Q. Let me re-ask it. Do you agree that a         31       A. Do you want me to look at them or just       [31]       culture's necessary to determine whether or not an         4] say what Pre reviewed?       [5]       A. No.         5]       Q. Id just like to know if you can comment       [6]       Q. How can you determine whether or not an         6] on whether slide numbers 11 through 15 show an       [6]       Q. How can you determine what microorganisms         7] inflammatory process?       [7]       there are in an organ without a culture?         8]       A. Prom profous review, no.       [9]       microorganism can be determine whether is no         10       microbiological testing listed in the autopsy       [10]       microorganism can be determine whether a         [11] report?       [12]				-
23] sorry.       [23]       Mark, or you liked her answer?         [24]       Q. Do you agree that there are no findings       [25]         25] listed based upon the review of autopsy slides?       [25]       Mark, or you liked her answer?         [26]       M.R. RUE: No, Im not finished yet.         25]       Isted based upon the review of autopsy slides?       [25]         Page 35       Page 36         [1]       0. Can you comment on whether slide numbers       [1]         [2]       11 droigh 15 show an inflammatory process?       [2]         [3]       A. Do you want me to look at them or just       [3]         [4]       organ contains microorganisms?       [5]         [5]       O. Mi just like to know if you can comment       [6]         [6]       O. Hou want me to look at them or just       [6]         [7]       there reviewed?       [7]         [8]       A. From previous review, no,       [8]         [9]       Q. Do you agree that there is no       [9]         [10]       microorganism due to determine detore on a line obstected or microorganisms.         [11]       report?       [13]       Q. And do you agree that there is no         [14]       specific microorganism is involved the only way to       [15]       do that is with a cult			· ·	- · ·
24       Q. Do you agree that there are no findings       [24]       MR. RUF: No, In not finished yet.         25]       Istred based upon the review of autopsy slides?       [25]       MR. TRAVERS: Oh, okay.         Page 35       I       O. Can you comment on whether slide numbers       [1]       doing it.         21       If through 15 show an inflammatory process?       [2]       Q. Let me re-ask it. Do you agree that a         31       A. Do you want me to look at them or just       [3]       culture is necessatery to determine whether or not an         4       say what Pre reviewed?       [5]       A. No.         51       O. Is just like to know if you can comment       [6]       Q. How can you determine what microorganisms         71       inflammatory process?       [7]       there are in an organ without a culture?         8       A. From provious review, no,       [8]       A. You caret: identify the specific         9       Q. Do you agree that there is no       [9]       microorganism, however, the presence cf         10]       microbiological testing listed in the autopsy       [10]       microorganism is involved the only way to         12]       A. Yes.       [13]       G. So if you want to determine whether a         14       discussion in the autopsy report of performing any       [14]       specific micro			···	
25]       Istred based upon the review of autopsy slides?       [25]       MR TRAVERS: Oh. okay.         Page 35       [1]       Q. Can you comment on whether slide numbers       [2]       Page 36         [1]       11 through 15 show an inflammatory process?       [2]       Q. Let me re-ask it. Do you agree thar a         [3]       A. Do you want me to look at them or just       [3]       culture is necessary to determine whether or not an         [4]       say what Pre reviewed?       [3]       culture is necessary to determine whether or not an         [5]       Q. Id just like to know if you can comment       [6]       Q. How can you determine what microorganisms         [6]       or whether slide numbers 11 through 15 show an       [6]       Q. How can you determine what microorganisms         [7]       inflammatory process?       [8]       A. You can't identify the specific         [9]       Q. Do you agree that three is no       [9]       microorganism, however, the protected of         [1]       discuston in the autopsy report of performing any       [14]       special fungal or bacterial or microbacterial         [13]       Q. And do you agree that there is no       [13]       Q. So if you want to determine whether a         [14]       discuston in the autopsy report of performing any       [14]       specific microorganism is involved the only way to		-		
Page 35       I]       Q. Can you comment on whether slide numbers       I]       II through 15 show an inflammatory process?       I]       II through 15 show an inflammatory process?         31       A. Do you want me to look at them or just       I]       G. Let me re-ask it. Do you agree thar a         4]       say what Pre reviewed?       II       organ contains microorganisms?         5]       Q. It just like to know if you can comment       III       G         6]       organ contains microorganisms?       III       How can you determine what microorganisms         7]       inflammatory process?       III       How can you determine what microorganisms         8]       A. From previous review, no.       III       B       A rou cart: identify the specific         9]       Q. Do you agree that there is no       III       special fungal or bacterial       III         11       report?       IIII       special fungal or bacterial       III       special fungal or bacterial         12]       A. Yes.       IIII       special fungal or bacterial       III       special fungal or bacterial         13]       Q. And do you agree that there is no       IIII       special fungal or bacterial       IIII       special fungal or bacterial         14]       discaucion in the autopsy report of performing any			· · ·	
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2       11 through 15 show an inflammatory process?       [2]       Q. Let me re-ask it. Do you agree that a         3       A Do you want me to look at them or just       [3] culture is necessary to determine whether or not an         4] say what I've reviewed?       [4] organ contains microorganisms?         5]       Q. It is use that there or not an         6] or whether slide numbers 11 through 15 show an       [6]       Q. How can you determine what microorganisms?         7] inflammatory process?       [7] there are in an organ without a culture?       [8]         8]       A. From previous review, no,       [8]       A. You cart identify the specific         9       Q. Do you agree that there is no       [9] microorganism. done vert the presence of         10] microbiological testing listed in the autopsy       [10] microorganism can be determined through the use of         11] report?       [11]       special fungal or bacterial       [12] stains.         13]       Q. And do you agree that there is no       [13]       Q. So if you want to determine whether a         14] discussion in the autopsy report of performing any       [14] specific microorganism is involved the only way to         15] cultures?       [15] do that is with a culture?       [16] A. Yes.         16] A. Yes.       [17] Q. Do you agree that you cannot make a       [17] T. Q. And you agree that there were no cultures     <	Pag	e <b>35</b>	Page	36
3       A       Do you want me to look at them or just       [3]       culture is necessary to determine whether or not an         4]       say what I've reviewed?       [4]       organ contains microorganisms?         5]       Q.       If just like to know if you can comment       [5]       A.         6]       on whether slide numbers 11 through 15 show an       [6]       Q.       How can you determine what microorganisms?         7]       inflammatory process?       [7]       there are in an organ without a culture?         8]       A.       From previous review, no,       [8]       A.       You cart' identify the specific         9]       Q.       Do you agree that there is no       [9]       microorganism, however, the presence of         10]       microorganism can be determined through the use of       [11]       report?         11]       report?       [12]       Q. So if you want to determine whether a         13]       Q.       And do you agree that there is no       [13]       g. So if you want to determine whether a         14]       discussion in the autopsy report of performing any       [14]       specific microorganism is involved the only way to         15]       cultures?       [16]       A.       Yes.         [7]       Q. Do you agree that you cannot make a <td>1]</td> <td>Q. Can you comment on whether slide numbers</td> <td>[1]</td> <td>doing it.</td>	1]	Q. Can you comment on whether slide numbers	[1]	doing it.
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7       inflammatory process?       [7]       there are in an organ without a culture?         8       A. From previous review, no,       [8]       A. You can't identify the specific         9       Q. Do you agree that there is no       [9]       microorganism, however, the presence of         10]       microbiological testing listed in the autopsy       [10]       microorganisms can be determined through the use of         11]       report?       [11]       special fungal or bacterial or microbacterial         12]       A. Yes.       [12]       stains.         13]       Q. And do you agree that there is no       [13]       Q. So if you want to determine whether a         14       discussion in the autopsy report of performing any       [14]       specific microorganism is involved the only way to         15]       cultures?       [16]       A. Yes.         [7]       Q. Do you agree that you cannot make a       [17]       Q. And you agree that there were no cultures         18]       determination of whether an organ has microorganisms       [18]       done of David Gonda's blood?         9       without performing a culture?       [19]       A. At the time of autopsy?         10       A. Say it again. I'm sory.       [20]       Q. Yes.         [1]       Q. Do you agree that you cannot determine	5]	Q. Id just like to know if you can comment	[5]	A. No.
8]       A. From previous review, no.       [8]       A. You can't identify the specific         9       Q. Do you agree that there is no       [9] microorganism, however, the presence of         10]       microbiological testing listed in the autopsy       [10]       microorganisms can be determined through the use of         11]       report?       [11]       special fungal or bacterial or microbacterial         12]       A. Yes.       [12]       stains.         13]       Q. And do you agree that there is no       [13]       Q. So if you want to determine whether a         14]       discussion in the autopsy report of performing any       [14]       specific microorganism is involved the only way to         15]       cultures?       [16]       A. Yes.       [17]       Q. And you agree that you cannot make a         16]       determination of whether an organ has microorganisms       [18]       done of David Gonda's blood?         9]       without performing a culture?       [19]       A. At the time of autops?         10]       Q. Do you agree that you cannot determine an       [21]       A. Yes.         12]       Q. Do you agree that you cannot determine an       [21]       A. Yes.         13]       Q. Do you agree that you cannot determine an       [21]       A. Yes.         14] <t< td=""><td>6]</td><td>on whether slide numbers 11 through 15 show an</td><td>[6]</td><td>Q. How can you determine what microorganisms</td></t<>	6]	on whether slide numbers 11 through 15 show an	[6]	Q. How can you determine what microorganisms
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4] A. That's a doublo negative. Do l agree [14] David Gonda's heart?				
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5] that you cannot determine you can determine without [25] A. Yes.	5]	that you cannot determine you can determine without	<u>ا</u> ما	А. ТСЗ,

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	Page 37 ·	Page 38
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	[1] Q. Do you know if any of the shaes were [2] stained?	<ul> <li>[1] A. I would take a section and bok at it</li> <li>[2] under the microscope,</li> </ul>
	[3] A. Stained how?	[3] Q. So the only way to determine the specific
19-20	4] Q. Wcrc stained to determine whether there	[4] type of bacteria involved would be to perform a
	[5] were microorganisms involved?	[5] culture?
	[6] A. Ycs.	[6] A. A premortem culture, cultures that are
	[7] Q. Which slides were stained?	[7] done before the time of death. Cultures are highly
	[8] A. Slide number 13.	[8] unreliable that are performed at autopsy.
		[9] Q. Did you take reasonable precautions to
	<ul> <li>[9] Q. What was the type of stain that was used?</li> <li>[10] A. A Twort's and GMS.</li> </ul>	[10] avoid contamination of the microscopic slides and
	[11] Q. Based on that stain are any	[11] tissue blocks that were prepared at the clinic?
		[12] A. You have to better define that question.
	[12] microorganisms seen in slide number 13? [13] A. No.	[13] An autopsy is not a sterile procedure. The site is
	[14] Q. Were any of the other slides stained?	[14] inherently contaminated.
	[15] A. From microorganisms?	[15] Q. Did you follow protocols at the clinic to
	[16] Q. Yes.	[16] try and avoid contamination of the slides and tissue
	[17] A. No.	[17] blocks that were prepared?
	[18] Q. Would you agree that you cannot determine	[18] A. As I said, an autopsy is not a sterile
	[19] the type of infection in a dead penon without	[19] procedure. The <b>body</b> is already contaminated prior
	[20] performing cultures?	[20] to even opening it up, it's just the fact that the
	[21] A. It's kind of an ambiguous question. I	[21] penon is dead there's contamination.
	[22] can't answer that.	[22] Q. You were ruling out endocarditis as the
	[23] Q. To determine the type of infection that a	[23] diagnosis here because there was no valve
	[24] patient had at autopsy what would you do to make	[24] involvement; is that correct?
	[25] that determination?	[25] <b>A.</b> Yes.
1	Dage 20	Door 10
<b>.</b>	Page 39	Page 40
**. *.	[1] Q. Based upon your opinion somebody does not	[1] countries?
*. *.	<ul> <li>[1] Q. Based upon your opinion somebody does not</li> <li>[2] have endocarditis unless they have valve</li> </ul>	[1] countries? [2] A. No.
	<ul> <li>[1] Q. Based upon your opinion somebody does not</li> <li>[2] have endocarditis unless they have valve</li> <li>[3] involvement; is that correct?</li> </ul>	[1] countries?
	<ol> <li>Q. Based upon your opinion somebody does not</li> <li>have endocarditis unless they have valve</li> <li>involvement; is that correct?</li> <li>A. It is possible in rare instances to have</li> </ol>	<ol> <li>countries?</li> <li>A. No.</li> <li>Q. On what do you base that opinion?</li> <li>A. A search of the literature.</li> </ol>
	<ol> <li>Q. Based upon your opinion somebody does not</li> <li>have endocarditis unless they have valve</li> <li>involvement; is that correct?</li> <li>A. It is possible in rare instances to have</li> <li>forms of endocarditis where there is no valve</li> </ol>	<ol> <li>countries?</li> <li>A. No.</li> <li>Q. On what do you base that opinion?</li> <li>A. A search of the literature.</li> <li>Q. Do you know if more than a dozen cases of</li> </ol>
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	, Page 41	Pnge 42
• 	[1] A. No.	[1] Q, Do you agree that endomyocardial fibrosis
	[2] Q. Do you agree that fibrosis is a scarring	[2] can distort the appearance of the heart from the
	[3] of the heart?	[3] outside?
	[4] A. Yes.	[4] A. Not necessarily, Most in fact look
	[5] Q. Do you agree that with endomyocardial	[5] normal.
	[6] fibrosis there essentially is a filling in process	[ 6] Q. Would you agree that that is typical in
	[7] involving the scarring of the heart?	[7] the case of endomyocardial fibrosis that you have
	[8] A. That doesn't make any sense, I'm sorry.	[8] this appearance of a denting in of the heart from
	[9] Q. Are you aware of whether or not when a	[9] the outside?
	[10] patient has endomyocardial fibrosis that generally	[10] A. No.
	[11] there is a filling in <i>a</i> the ventricles starting	[11] Q. Have you ever seen any pictures of
	[12] with the apex?	[12] endomyocardial fibrosis?
	[13] A. That doesn't make any sense at all.	[13] A. In books.
	[14] don't know what you're saying, like does the whole	[14] MR, TRAVERS: And in this case?
	[15] heart get full? The ventricle gets full. is that	[15] THE WITNESS: And this case, yeah.
	[16] what you're saying? I don't know what you're	[16] Sorry. I thought you meant others.
	[17] saying, I'm sorry.	[17] Q, Do you agree that there was no distortion
	[18] Q. With endomyocardial fibrosis you have	[18] of the wall of David Gonda's heart due to fibrosis?
	[19] scar tissue forming in the heart, correct?	[19] MR, TRAVERS: Externally are you talking
	[20] A. Yes.	[20] about, Mark?
	[21] Q. Does that make the chambers of the heart	[21] MR. RUF Either internally or
	[22] smaller as a scar tissue is forming?	[22] externally.
	[23] A. If the process is restrictive it can, but	[23] A. The inside of the heart appeared
	[24] that remains to be determined, with each patient	[24] abnormal.
	[25] it's different.	[25] Q. So there was no defect that was visible
1 ×	Page 43	Page 44
	Page <b>43</b> [ 1] externally?	Page 44 11 cardiovascular system in the autopsy report?
		[1] cardiovascular system in the autopsy report?
	1] externally?	[1] cardiovascular system in the autopsy report?
	1] externally?   2] A. No.	<ul> <li>[1] cardiovascular system in the autopsy report?</li> <li>[2] A. Fibrosis is a histologic finding. It's</li> </ul>
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Page 45       Pnge 46         [1]       A. No - dol agree. yes. Sorry,         [1]       fibrosis but it u not a unique entity to	
[1] A. No - doI agree. yes. Sorry, [1] fibrosis but it u not a unique entity to	
	Davy's
[2] Q. Do you agree that endomyocardial fibrosis [2] disease.	
[3] usually involves the in-flow track of the heart? [3] Q. But that is the entity that's	typically
[6] that was found in David Gonda's heart involves the [6] A. Yes.	
[7] outflow track? [7] Q. Are you aware of the term	Loffler's
[8] A. Yes. [3] endocarditis?	
[9] Q. Do you agree that usually with [9] A. Yes.	
[10] endomyocardial fibrosis you see abnormalities of the [10] Q. Do you agree that Loffler's	endocarditis
[11] liver? [11] is found in temperate countries such a	s the United
[12] A. Repeat that again. [12] States?	
[13] Q. Do you agree that with endomyocardial [13] A. Yes.	
[14] fibrosis you usually see abnormalities of the liver? [14] Q. Are you aware that Loffler	's endocarditis
[15] A. There are <b>so</b> few cases of this that [15] and endomyocardial fibrosis may have	the <b>same</b>
[16] there's <b>№</b> usually. So I would have to say no. [16] pathological findings in advanced <b>case</b>	s?
[17] Q. Are you just guessing or do you know that [17] A. Can you say that again? I'	m sorry.
[18] Q. Yes. Are you aware that e	
[19] A. In the articles that I looked at this [19] fibrosis and Loffler's endocarditis may	•
	cuses.
	as of Lofflor's
	a unombus
[24] is described as Davy's disease? [24] stage, then a fibrotic stage?	
[25] A. In Davy's disease there is endomyocardial [25] A. To the best of my knowledg	ge, yes.
Page 47 Page 48	
[1] Q. So fibrosis of the heart could actually [1] actually point to what the exact causes	of those
[2] be the end stage of Loffler's endocarditis, correct? [2] cases.	
[3] A. Yes. [3] Q. So David Gonda could have	had Loffler's
[4] Q. Given that that's the case isn't it [4] endocarditis but you can't make that d	etermination
[5] possible that David Gonda died of Loffler's [5] based upon performing this autopsy, co	
[6] endocarditis since the pathological findings can be     [6] A. Yes.	
[7] the same in advanced caws? [7] Q. Do you agree that the cause	of David
[8] A. His heart represents an end stage of some [8] Gonda's death was pulmonary hemorth	
	-
	tile
[10] etiology was for an example the presence of [10] myocardium?	
[11] cosinophil it really is possible for one to point to [11] A. No.	
[12] what that initial event was that led up to the [12] Q. What is the cause of David	
	led to
[13]fibrosis,[13]A. Endomyocardial fibrosis that	
[13]fibrosis,[13]A. Endomyocardial fibrosis that	tension caused
[13] fibrosis,[13] A. Endomyocardial fibrosis that[14] Q. So David Gonda could have actually had[14] pulmonary hypertension.	tension caused
[13] fibrosis,[13] A. Endomyocardial fibrosis that[14] Q. So David Gonda could have actually had[14] pulmonary hypertension.[15] Loffler's endocarditis?[15] Q. Wasn't the pulmonary hypertension.	
[13] fibrosis,[13] A. Endomyocardial fibrosis that[14] Q. So David Gonda could have actually had[14] pulmonary hypertension.[15] Loffler's endocarditis?[15] Q. Wasn't the pulmonary hypert[16] A. Could have.[16] by emboli?	re a result of
[13] fibrosis,[13] A. Endomyocardial fibrosis that[14] Q. So David Gonda could have actually had[14] pulmonary hypertension.[15] Loffler's endocarditis?[15] Q. Wasn't the pulmonary hypert[16] A. Could have.[16] by emboli?[17] Q. So basically the two choices are[17] A. Probably, but the emboli we	re a result of on of the
[13] fibrosis,[13] A. Endomyocardial fibrosis that[14] Q. So David Gonda could have actually had[14] pulmonary hypertension.[15] Loffler's endocarditis?[15] Q. Wasn't the pulmonary hypert[16] A. Could have.[16] by emboli?[17] Q. So basically the two choices are[17] A. Probably, but the emboli we[18] Loffler's endocarditis which progressed to an end[18] the endomyocardial fibrosis, inflammatic	re a result of on of the
[13] fibrosis,[13] A. Endomyocardial fibrosis that[14] Q. So David Gonda could have actually had[14] pulmonary hypertension.[15] Loffler's endocarditis?[15] Q. Wasn't the pulmonary hypert[16] A. Could have.[16] by emboli?[17] Q. So basically the two choices are[17] A. Probably, but the emboli we[18] Loffler's endocarditis which progressed to an end[18] the endomyocardial fibrosis, inflammatic[19] stage or endomyocardial fibrosis?[19] thrombus is due to the fact that there values	re a result of on of the vas thrombus
[13]fibrosis,[13]A. Endomyocardial fibrosis that[14]Q. So David Gonda could have actually had[14]pulmonary hypertension.[15]Loffler's endocarditis?[15]Q. Wasn't the pulmonary hypert[16]A. Could have.[16]by emboli?[17]Q. So basically the two choices are[17]A. Probably, but the emboli we[18]Loffler's endocarditis which progressed to an end[18]the endomyocardial fibrosis, inflammation[19]stage or endomyocardial fibrosis?[19]thrombus is due to the fact that there we[20]A. Well, it's referred to as endomyocardial[20]on that wall.[21]fibrosis, that's sort of like descriptive term and[211]Q. Couldn't the emboli be piece	re a result of on of the vas thrombus
<ul> <li>[13] fibrosis,</li> <li>[14] Q. So David Gonda could have actually had</li> <li>[15] Loffler's endocarditis?</li> <li>[16] A. Could have.</li> <li>[17] Q. So basically the two choices are</li> <li>[17] A. Probably, but the emboli we</li> <li>[18] Loffler's endocarditis which progressed to an end</li> <li>[19] stage or endomyocardial fibrosis?</li> <li>[10] A. Well, it's referred to as endomyocardial</li> <li>[20] A. Well, it's referred to as endomyocardial</li> <li>[21] fibrosis, that's sort of like descriptive term and</li> <li>[22] that's the end stage of Loffler's. Bur there are</li> <li>[22] off from this mass in the heart?</li> <li>[23] A. Sure, thet's whaf they were</li> </ul>	re a result of on of the vas thrombus
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<ul> <li>[13] fibrosis,</li> <li>[14] Q. So David Gonda could have actually had</li> <li>[15] Loffler's endocarditis?</li> <li>[16] A. Could have.</li> <li>[17] Q. So basically the two choices are</li> <li>[17] Q. So basically the two choices are</li> <li>[18] Loffler's endocarditis which progressed to an end</li> <li>[19] stage or endomyocardial fibrosis?</li> <li>[19] thrombus is due to the fact that there were</li> <li>[20] A. Well, it's referred to as endomyocardial</li> <li>[21] G. Couldn't the emboli be piece</li> <li>[22] that's the end stage of Loffler's. Bur there are</li> <li>[22] off from this mass in the heart?</li> <li>[23] A. Sure, they's what they were</li> </ul>	re a result of on of the was thrombus s breaking myocardial

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	Page 49 ·	Page SO
1	[1] fibrosis from the heart?	[1] contaminants on the report?
	[2] A. It's not the fibrosis, it's the thrombus	[2] A. It does m
	[3] that breaks off. And there is one exactly two	[3] Q. Do you know whether or not the bacteria
/ 1	[4] reports that I pulled up today that report tho exact	[4] that were found in the postmortem microbiology
	[5] same thing, the patient had a thrombus, had	[5] report could cause endocarditis?
	[6] pulmonary hypertension, in fact one of these cases	[6] A. I can't really read them. Hang on. I
	[7] is exactly similar to this case.	[7] think in certain immuno-compromised situations, yes,
	[8] Q. Did you decide the cause of death for	[8] they could. but they aren't the typical bacteria
	[9] David Gonda?	[9] that in a healthy person that has <b>an</b> attacked immune
	[10] A. I had the final decision, with input from	[I0] system causes endocarditis,
	[11] Dr. Ratliff.	[11] Q. Would you agree that Bacteroides
	[12] Q. So the final decision was youn as to	[12] fragilis - am I pronouncing that correctly?
	[13] what diagnosis to put on the autopsy report?	[13] A. Bacteroides fragilis.
	[14] A. Yes.	[14] Q. Yes. OOyou agree that that can be a
	[15] Q. Do you agree that bacteria were found in	[15] cause for bacterial endocarditis in the heart?
		[16] A. Not in a normal situation. That's a
	[16] the postmortem microbiology report that was issued	
	[17] for the specimen in the lung?	
	[18] A. Bacterial contaminants, yes.	[13] contaminant in this sort of setting, an autopsy
	[19] Q. Do you agree that there is - the word	[19] setting.
	[20] bacterial contaminant is not listed on the	[20] Q. If a penon had some type of defect in
	[21] postmortem microbiology report?	[21] their heart could the Bacteroides fragilis cause
	[22] A. And that's because when it's	[22] endocarditis?
	[23] polymicrobial it is intuitive to anyone that's	[23] A. Like, what is that called, like a porcine
	[24] trained in pathology that those are contaminants.	[24] valve, sure, if <b>somebody</b> had a valve stuck in their
	[25] Q. But you agree it does not state	[25] or a prosthetic something, sure.
í,	Page 51	Page <b>52</b>
4	Page 51 [.1] MR. RUF Thank you, Doctor. I don't	Page 52 [1] vessels, so it's not true granulation tissue. [t's
	[.1] MR. RUF Thank you, Doctor. I don't	
(	[.1] MR. RUF Thank you, Doctor. I don't	[1] vessels, so it's not true granulation tissue. [t's
(	<ul> <li>[1] MR. RUF Thank you, Doctor. I don't</li> <li>[2] have any other questions.</li> <li>[3] MR. TRAVERS: Doctor, I was looking at my</li> </ul>	<ol> <li>vessels, so it's not true granulation tissue. [t's</li> <li>actually just organization of the thrombus.</li> </ol>
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	Pnge <b>54</b>
- Page 53 -	[1] A. Yes.
[I] A. No.	[2] MR. PRASURE: That's all I have, Thank
[2] Q. Did you see any suppurating lesion of the	[3] you.
[3] endocardial surface?	[4] MR, RUF: (just have one last question,
[4] A. No.	[5] Doctor.
[5] Q. And am I correct that you believe that	[6] RECROSS EXAMINATION
[6] the lesion that you found did involve the apex of	[7] BY MR, RUF:
[7] the ventricle? [8] A. Yes.	
[9] Q. Doctor, you were asked by Mr. Ruf about	
[10] slide 13 I think you raid that was stained for	[IO] dying from endomyocardial fibrosis?
[11] microorganisms and <b>none</b> were seen; is that correct?	[11] A. Yes.
[12] A. Yes.	[12] MR. RUF: Thank you, Doctor. That's all
[13] Q. What part of the body is slide 13 of?	[13] I have. [14] FURTHER DIRECT EXAMMATION
[14] A. The heart.	
[15] Q. Wass that a representative sample of the	[15] BY MR. TRAVERS:
[16] heart?	[16] Q. Doctor, I assume you mean getting it -
[17] A. Yes.	[17] A. Getting it, yeah.
[18] Q. Doctor, do you currently spend more than	[18] Q rather than -
[19] half of your professional time in the practice of	[19] A. If they get it, they die. <b>I'm sorry</b> . I
[20] pathology?	[20] probably should have said that. Extremely low
[21] A. Yes.	[21] probability of someone getting it in the U.S. Is
[22] Q. And did you spend back in 1995 when you	[ZZ] very rare but once someone has it, it's pretty
[23] performed this autopsy more than half of your	[U] downward spiralling course.
[24] professional tine in the active practice of	[24] MR. RUF: Thank you, Doctor. That's all
[25] pathology?	[25] I have.
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,	[3]	STATE OF FLORIDA	
1.9-11	[4]	COUNTY OF COLUMBIA	
<u>[</u>	[5]		
	[6]	I, Linda York. Registered Professional	
	[7]	Reporter and Notary Public, certify that I was	
	[8]	authorized to and did stanographically report the	
	[9]	deposition of $DR$ . SHARON HOOK; that a review of the	
	[10]	transcript was requested: and that the transcript is	
	[11]	a true and complete record of my stenographic notes.	
	[12]		
	[13]	I further certify that I am not a	
	[14]	relative, employee, attorney or counsel of any of the	
	[15]	parties, nor am I a relative or employee of any of	
	[16]	the parties' attorney or counsel connected with the	
	[17]	action, nor am I financially interested in the	
	[18]	action.	
	[19]		
	[20]	DATED this 28th day of December, 1998.	
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	[24]	LINDA <b>YORK</b> , RPR	
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