1 3 THOMAS J. LYZEN, etc., * IN THE 1 1 APPEARANCES (Cont.) 2 * COURT OF et al. 2 3 Plaintiffs * COMMON PLEAS, 3 On behalf of the Defendant Marc M. Levine, M.D.: 4 * CUYAHOGA COUNTY, 4 WARREN ROSMAN, ESQUIRE 5 * OHIO 5 vs. Weston, Hurd, Fallon, Paisley & Howley, L.L.P. 6 6 2500 Terminal Tower 7 7 CHANDRAKANT PATEL, M.D., * (Pages: 1-75) 50 Public Square 8 * JUDGE BURT GRIFFIN et al. 8 Cleveland, Ohio 44113-2241 9 Defendant * CASE NO.: 307715 9 (216) 687-3237 (Voice) * * * * * * * 10 * * * * * * 10 (216) 621-8369 (Fax) 11 11 WRosman@westonhurd.com (E-Mail) 12 Deposition of GROVER M. HUTCHINS, M.D., 12 commenced on Wednesday, December 15, 1999, at 11:30 13 13 On behalf of the Defendant University Hospitals of 14 a.m., at The Law Offices of Venable, Baetjer & 14 Cleveland: 15 Howard, L.L.P., 1400 Mercantile Bank Building, 2 15 GEORGE MOSCARINO, ESQUIRE (By telephone) 16 Hopkins Plaza, Baltimore, Maryland, 21202, before 16 Moscarino & Treu 17 Stephanie House. 17 The Hanna Building 18 18 1422 Euclid Avenue 19 * * * * * * * * 19 Suite 630 20 Reported by: 20 Cleveland, Ohio 44115 21 Stephanie House 21 (216) 621-1000 (Voice) Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733 24 1 APPEARANCES 1 APPEARANCES (Cont.) 2 2 On behalf of the Plaintiffs (By telephone): 3 3 On behalf of the Defendant George F. Vanhair, M.D.: MICHAEL BECKER, ESQUIRE 4 JOHN L. CULLEN, ESQUIRE (By telephone) 4 5 Becker & Mishkind 5 Mazanec, Raskin & Ryder, L.P.A. 6 134 Middle Avenue 6 100 Franklin's Row 7 Elyria, Ohio 44035 7 34305 Solon Road (440) 323-7070 (Voice) 8 8 Solon, Ohio 44139 9 9 (440) 248-7906 (Voice) 10 On behalf of the Defendants Children's Research, 10 11 Chandrakant Patel, M.D., Kenneth G. Zahka, M.D. 11 12 and David M. Freeman, M.D.: 12 13 ERNEST W. AUCIELLO, JR., ESQUIRE 13 14 Gallagher, Sharp, Fulton & Norman 14 15 Seventh Floor Bulkley Building 15 16 1500 Euclid Avenue 16 17 Cleveland, Ohio 44115 17 18 (216) 241-5310 (Voice) 18 19 (216) 241-1608 (Fax) 19 20 ewa@gsfn.com (E-Mail) 20 21 21 Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733

PROCEEDINGS 1 1 has some color enhancements or some type of 2 * * * * * * * 2 illustrations of the slides that are at issue in 3 (Whereupon, July 28, 1998 report, Dr. 3 this case, specifically with respect to, I'm sure 4 Hutchins' Curriculum Vitae and Surgical Pathology the issue of EFP and the other heart abnormalities. 4 5 Report dated 9/27/94 were premarked Exhibit Numbers 5 I may not need to question him at all, I may be 6 1-3, respectively, for identification.) 6 able to just look at the slides, but I have to have 7 * * * * * * * 7 that expressed agreement from the Plaintiff's 8 8 lawyer, otherwise I have an objection to more 9 Whereupon --9 forward at this point in time. Okay. 10 GROVER M. HUTCHINS, M.D., 10 MR. CULLEN: I will just join that and I 11 11 the Deponent, called for examination by the think Mr. Becker intends to move forward. 12 Defendant Levine, having been first duly sworn to 12 MR. BECKER: That's fine. It's my 13 13 tell the truth, the whole truth, and nothing but understanding that if there is a need, we will do 14 the truth, testified as follows: 14 it by phone, but go ahead. 15 EXAMINATION BY MR. ROSMAN: 15 MR. MOSCARINO: And I can't agree that 16 Q. Dr. Hutchins, could you give us your full 16 we'll necessarily go by phone. I certainly don't 17 name, please? 17 want to go to Baltimore again, I just have to 18 18 A. Grover M. Hutchins. review the transcript and the slides. 19 0. Dr. Hutchins, my name is Warren Rosman, I 19 MR. BECKER: Go ahead, Warren. 20 represent Dr. Marc Levine, one of the Defendants in 20 MR. ROSMAN: Thank you. 21 this case captioned Lyzen versus Patel. 21 BY MR. ROSMAN: Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733 6 1 I take it you've had your deposition Q. Doctor, if there's any questions that you 1 taken before? 2 2 don't understand, will you speak up and say 3 A. I have. 3 something and I'll try to reword it for you so that 4 Q. Okay. 4 you do understand it? 5 5 MR. MOSCARINO: Warren, can I just Α. Yes. 6 interrupt for one second? 6 And if there's any question of mine that 0. you don't hear well, will you also speak up and say 7 MR. ROSMAN: Yes. 7 8 MR. MOSCARINO: I'm sorry, this is George 8 something to me? 9 Moscarino for the court reporter. I just want the 9 A. I will. 10 record to reflect just that we're doing this 10 MR. ROSMAN: Thank you. 11 deposition in part by phone, not by choice. That 11 And just so the record is very clear, Dr. 12 Mr. Becker, myself and Mr. Cullen headed out to 12 Hutchins, myself, the court reporter and Mr. 13 13 Baltimore today. We could not get into Baltimore Auciello are here in Baltimore today on December 14 14 because of fog. We're now in Philadelphia. 15, 1999. 15 15 We're going forth with the deposition by And Mr. Becker and Mr. Moscarino and Mr. 16 phone because the doctor's there and it's been 16 Cullen are in Philadelphia because their plane was 17 scheduled, but I'm going under the express 17 diverted because of fog. And I'm glad you all were 18 condition that I have the right to redepose the 18 able to land someplace. 19 19 doctor at a later time if I need to. BY MR. ROSMAN: 20 I elected not to do it by phone the first 20 Q. Okay. Dr. Hutchins, I take it we have 21 time because my understanding is that Dr. Hutchins 21 labeled your CV as Exhibit 3; is that correct? Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733

1	9		11
1	A. I'm not sure of the number.	1	(Whereupon, Handwritten Notes were marked
2	MR. AUCIELLO: Two.	2	Exhibit Number 5 for identification.)
3	Q. Two. Do you have that CV?	3	Q. That's Exhibit Number 5. And what was in
4	A. Yes. Here it is. It is indeed 2.	4	this package?
5	Q. Okay. Thank you. Doctor, may I also	5	A. These are prints of the
6	have your file on this case?	6	electronmicrographs that were prepared from the
7	A. (Handing).	7	resected heart.
8	Q. Thank you. Let's go off the record.	8	Q. Okay. And that will be labeled Exhibit
9	(Whereupon, there was a discussion off	9	6.
10	the record and photographs were marked Exhibit	10	(Whereupon, Prints were marked Exhibit
11	Number 4 for identification.)	11	Number 6 for identification.)
12	Q. Doctor, you've been given certain	12	Q. Doctor, could you quickly go through your
13	documents to review in this case?	13	education for us?
14	A. Yes.	14	A. I graduated from the Johns Hopkins
15	Q. Which documents were you given?	15	University School of Arts and Sciences in 1957, the
16	A. There's some selected clinical records.	16	Johns Hopkins University School of Medicine in
17	There's an autopsy report. The pathology report	17	1961. Did a training in anatomic pathology at the
18	from the resected heart. The deposition of Dr.	18	Johns Hopkins Hospital as an intern, assistant
19	Redline.	19	resident and chief resident between 1961 and 1965.
20	A report from a physician whose name I	20	Did a year of fellowship training in
21	don't recall.	21	experimental pathology at the Scripps Clinic and
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	10		12
1	Q. Is that Dr. Alachlin (Phonetic)?	1	Research Foundation in La Jolla, California.
2	A. Yes. The slides that were prepared from	2	Subsequent to that, returned to Johns Hopkins on
3	the resected heart and the slides from the autopsy.	3	the staff of both the Department of Pathology in
4	Q. Are these photocopies of something?	4	the University and the Department of Pathology at
5	A. They're photocopies of the slides that I	5	the Johns Hopkins Hospital.
6	reviewed.	6	Q. Okay. What is your current position at
7	Q. Okay. And is this one page, your	7	Johns Hopkins Hospital?
8	personal notes?	8	A. I am a member of the active staff in
9	A. Yes.	9	pathology at the Johns Hopkins Hospital. I am a
	Q. And then these are the photographs, these		
10		10	professor of pathology in the Johns Honkins
10 11	are the blowups?	10 11	professor of pathology in the Johns Hopkins University School of Medicine.
1	are the blowups?	11	University School of Medicine.
11	are the blowups? A. I'm sorry, those are electronmicrographs		University School of Medicine.
11 12	are the blowups? A. I'm sorry, those are electronmicrographs I had forgotten to mention.	11 12	University School of Medicine. Q. And are you director of a pathology
11 12 13	are the blowups? A. I'm sorry, those are electronmicrographs I had forgotten to mention.	11 12 13 14	University School of Medicine. Q. And are you director of a pathology institute or A. No.
11 12 13 14	<pre>are the blowups? A. I'm sorry, those are electronmicrographs I had forgotten to mention. Q. And then in the blue folder, these are the</pre>	11 12 13 14 15	University School of Medicine. Q. And are you director of a pathology institute or A. No. Q. Okay. I see something on your letter
11 12 13 14 15 16	<pre>are the blowups? A. I'm sorry, those are electronmicrographs I had forgotten to mention. Q. And then in the blue folder, these are the A. Those are the</pre>	11 12 13 14 15 16	University School of Medicine. Q. And are you director of a pathology institute or A. No. Q. Okay. I see something on your letter that you sent us on your expert's report that says:
11 12 13 14 15 16 17	<pre>are the blowups? A. I'm sorry, those are electronmicrographs I had forgotten to mention. Q. And then in the blue folder, these are the A. Those are the Q slides.</pre>	11 12 13 14 15 16 17	University School of Medicine. Q. And are you director of a pathology institute or A. No. Q. Okay. I see something on your letter that you sent us on your expert's report that says: Director of Autopsy Pathology.
11 12 13 14 15 16 17 18	<pre>are the blowups? A. I'm sorry, those are electronmicrographs I had forgotten to mention. Q. And then in the blue folder, these are the A. Those are the Q slides. A 35 millimeter photographs and color</pre>	11 12 13 14 15 16 17 18	University School of Medicine. Q. And are you director of a pathology institute or A. No. Q. Okay. I see something on your letter that you sent us on your expert's report that says: Director of Autopsy Pathology. A. That is correct. At the time that I
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	13		15
1	Q. So you are no longer the Director of	1	A. In the Bibliography Section of my
2	Autopsy Pathology?	2	curriculum vitae, the numbers that are relevant are
3	A. Correct.	3	10, 12, 15, 37, 77, 84, 131 and 133, among others.
4	Q. All right. And where do you have	4	In the book chapter section, the one of most
5	hospital privileges, sir?	5	relevance is 45.
6	A. I have privileges to the extent that one	6	Q. Okay. And are there any others?
7	has privileges for patient admission and so forth	7	A. There are a number of papers that deal
8	at Johns Hopkins. I have visiting appointments at	8	with various aspects of cardiac development,
9	Baltimore VA Medical Center and the Hopkins Bayview	9	cardiac malformations and cardiac pathology in
10	Campus.	10	general, but the ones that I have enumerated are
11	Q. And where are you licensed to practice	11	the most relevant to the issues in this case.
12	medicine?	12	Q. Okay. Thank you.
13	A. State of Maryland.	13	And, Doctor, has your license ever been
14	Q. And are you board certified?	14	suspended or revoked?
15	A. I'm board certified in anatomic pathology	15	A. No.
16	and in pediatric pathology.	16	Q. Have you ever been convicted of a felony?
17	Q. Is there a particular type of pathology	17	A. No.
18	that you specialize in?	18	Q. Okay. And at the medical school, do you
19	A. My major interest over the years has been	19	teach any specific courses?
20	in autopsy pathology, and within that, in	20	A. I teach in the general pathology course
21	cardiovascular, pulmonary and pediatric pathology.	21	that's given to the second year medical students.
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	14		16
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1 2	Q. Are there pathologists on staff at	1 2	I teach in the context of the autopsy service at
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Are there pathologists on staff at Hopkins who specialize in pediatric pathology? A. Yes. Q. Is pediatric pathology one of your specialties? A. Yes. Q. Doctor, I take it that your CV has been labeled as Exhibit 2; A. Yes. Q is that correct? And in that CV, have you marked certain articles and texts that are pertinent to this case? A. I have identified several papers and one book chapter that I think are relevant to the issues of the case. Q. Okay. And are those marked in pencil? A. I did not mark them on the CV. Q. Oh. Where did you mark them? A. I have the numbers written on this little scrap of paper.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	I teach in the context of the autopsy service at the hospital to the people who are in training as pathologists. Q. Doctor, during this past year, how many legal depositions, and I'm not saying as opposed to illegal depositions, but depositions given in a legal context have you had? A. I don't know the exact number. It's probably 25, 30, something like that. Q. This just during 1999? A. Correct. Q. And during 1999, how many times have you testified at trial or have you been videotaped for trial? A. I've testified in court four times. I don't recall being videotaped. It may have happened once or twice. Q. Doctor, in terms of testifying and I take it this was all as an expert? A. Yes.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Are there pathologists on staff at Hopkins who specialize in pediatric pathology? A. Yes. Q. Is pediatric pathology one of your specialties? A. Yes. Q. Doctor, I take it that your CV has been labeled as Exhibit 2; A. Yes. Q is that correct? And in that CV, have you marked certain articles and texts that are pertinent to this case? A. I have identified several papers and one book chapter that I think are relevant to the issues of the case. Q. Okay. And are those marked in pencil? A. I did not mark them on the CV. Q. Oh. Where did you mark them? A. I have the numbers written on this little scrap of paper.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	I teach in the context of the autopsy service at the hospital to the people who are in training as pathologists. Q. Doctor, during this past year, how many legal depositions, and I'm not saying as opposed to illegal depositions, but depositions given in a legal context have you had? A. I don't know the exact number. It's probably 25, 30, something like that. Q. This just during 1999? A. Correct. Q. And during 1999, how many times have you testified at trial or have you been videotaped for trial? A. I've testified in court four times. I don't recall being videotaped. It may have happened once or twice. Q. Doctor, in terms of testifying and I take it this was all as an expert? A. Yes.

17 19 that these are all cases that do not involve 1 1 Ä. That's correct. 2 patients of yours? 2 0. And I take it that that was an 3 A. Yes. If I understand your question 3 administrative position? 4 correctly, the answer is yes. 4 A. Yes. Q. Just so we're clear, the question, if I 5 5 And what years were you director of that? Q. can reword that, these are cases where you are 6 6 A. Where's my CV? 7 hired as an expert, rather than you testifying as a 7 Q. I'm sorry. 8 fact witness concerning someone who was a patient 8 A. I don't remember this, 1976 until 1998. at Hopkins Hospital? 9 And during those years what would you say 9 0. A. That's correct. That's correct. 10 10 was your percentage of work that was 11 Q. And in terms of testifying, was 1999 a administrative? 11 12 fairly normal year for you? 12 A. Relatively small component. Probably 13 A. Yeah. Maybe one or -- yeah, that's about 13 less than 10% of my time. 14 average. 14 Q. Doctor, do you know Dr. Raymond Redline 15 Q. And how long has this kind of -- have you 15 of Cleveland, Ohio? had this type of rate of testifying in the legal 16 16 I don't know him personally. I've A. matters for the, let's say, for the last -- would 17 encountered his name on publications in the past. 17 18 it be for the last 10 years or so? 18 Do you know Dr. Chin of Children's 0. 19 A. Yeah, something like that. 19 Hospital of Pennsylvania or Philadelphia? 20 20 Q. Doctor, have you ever been sued for A. No, I do not. 21 malpractice? 21 Do you know any of the Defendants in this Q. Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733 18 20No, I have not. 1 A. case, and that would include Dr. Marc Levine, Dr. 1 2 Do you know how Mr. Becker came into 2 Zahka, Dr. C. Patel? 0. 3 contact with you? 3 A. I believe Dr. Zahka had been at Hopkins 4 in the past. If that is the same person, I would A. No. I have no idea how he got my name. 4 5 0. Doctor, do you and Mr. Becker have a 5 know him. 6 particular fee arrangement? б Q. I believe it is the same person. 7 A. My fee is \$400 an hour for whatever I do. 7 Doctor, do you know how to read an 8 Q. Doctor, do you know how much time you've 8 echocardiogram? 9 A. No. spent on this case up until today? 9 10 A. It's probably somewhere around 8 to 10 10 And, Doctor, have you seen the extracted Q. heart in this case? 11 hours. 11 12 Q. Doctor, are you listed in TASA or one of 12 A. No, I have not. 13 the expert services? 13 Do you have any plans to see that heart? Q. 14 A. Not to my knowledge. I don't know what 14 Ä. I think there was some indication that it 15 TASA is, but I am not -- I have not listed myself, 15 was no longer available. 16 so to speak. 16 Q. If it were available, would you have any 17 Q. Doctor, have you had any contact with plans to see it? 17 18 18 Mr. or Mrs. Lyzen? A. It would be of interest to me to look at 19 A. No. 19 it. 20 Earlier you told us that you had been 20 MR. BECKER: The record should reflect Q. 21 Director of Autopsy Pathology; is that correct? 21 that the representation by defense counsel to my Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733

21 23 office is that that original heart is summarized 1 1 type of hospital policy, and we'll leave it at and it has been discarded and it is no longer in 2 2 that. 3 existence. 3 BY MR. ROSMAN: 4 MR. ROSMAN: Michael, are you saying 4 0. Doctor, can you define EFE? 5 that? 5 Endocardial fibroelastosis is a Ā. 6 MR. BECKER: I'm saying that it's the 6 nonspecific alteration in the endocardium of the 7 representation that was made to me by you and 7 left ventricle, in particular, which is a response others in this case and I'm just stating that for to tension increase in the wall of the ventricle. 8 8 9 the record right now. 9 It develops with, in particular, severity in younger hearts and to much less degree as one's 10 MR. AUCIELLO: On behalf of the record, I 10 11 haven't made such a representation. 11 heart gets older. 12 MR. ROSMAN: And I can say that I haven't 12 Q. When you say it is a nonspecific 13 response, what do you mean? made that representation and I can tell you 13 14 specifically, Mr. Becker, that Dr. Redline, at his 14 It is etiologically nonspecific. It's Å. 15 deposition, told us that the extracted heart still 15 related to the pathophysiologic phenomenon I 16 exists. 16 mentioned which is tension increase in the MR. BECKER: Not true. You have to 17 17 endocardium. 18 talk to P.J. Mooney. He thought it did and then 18 So, in other words, what you're saying in Q. 19 he checked and it was gone and then it was 19 laymen's terms is that the cause of this can be 20 discarded, according to P.J. Mooney at the varied? 20 21 direction of Dr. Patel. 21 A. Yes. Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733 22241 MR. ROSMAN: You mean P.J. Malnar, 1 Q. And I take it that what you're also 2 MR. BECKER: P.J. Malnar, excuse me. saying that those causes which increase the tension 2 3 MR. ROSMAN: That's okay. And we 3 in the endocardial layer can cause EFE? 4 didn't have that information, you had it, 4 A. Yes. Phenomenon that occurs more readily 5 Mr. Becker. 5 in younger patients than in older ones with the MR. BECKER: You know it now, Warren. 6 6 exception of the endocardial fibroelastosis that 7 Let's try to move it up one notch in gear. 7 develops over myocardial infarcts, that can develop 8 MR. MOSCARINO: Just so the record is 8 in a florid degree in the adult. 9 clear, there is correspondence from my office 9 Q. Are you relying on Dr. Chin's report in 10 that the hospital informed Mr. Becker at his anv fashion? 10 11 request of attorney concerning whether or not --11 I do not believe that I have Dr. Chin's A. 12 MR. ROSMAN: George, we can't hear you. 12 report. Who is Dr. Chin? 13 MR. MOSCARINO: I do want to speed 13 Q. Dr. Chin is the other expert for 14 things up, but there is correspondence from my 14 Plaintiff. 15 office regarding the fact that this heart is no 15 A. I have not seen his report. 16 longer in existence. I did read Dr. Redline's 16 Q. And, Doctor, are you relying on the 17 deposition where he says that. The only thing 17 pathology reports from University Hospitals in 18 that I don't know which is true at all is his 18 making your comments and opinions? 19 representation that Dr. Patel had anything to do 19 I have reviewed the records that were A. supplied to me which includes the pathology reports 20 with the destruction of the heart. My 20 21 21 understanding is that it was done through some and in the context of my own review of the slides Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733

25from the case. 1 1 2 Q. Do you agree with the findings in any of 2 3 the University Hospital's pathology reports? 3 4 Δ. I didn't go through those from the point 4 5 of view of agreement or disagreement. I read the 5 6 descriptions, factual descriptions. Did not pay 6 7 that much attention to their interpretations, to 7 8 tell you the truth. 8 9 Q. Doctor, do you disagree that there was 9 10 subaortic stenosis here? 10 11 A. Yes. 11 12 Q. Did you agree with Dr. Redline's finding 12 13 in the final diagnosis and gross summary that this 13 14 subaortic stenosis was mild to moderate? 14 A. It wasn't measured, so it's difficult to 15 15 16 know for sure, having not seen the heart myself. 16 17 Obviously, it was sufficiently severe to be 17 18 regarded as something. It required a valvuloplasty 18 19 type procedure by the clinical folks that were 19 20 taking care of the child. 20 21 Well, Doctor, are you saying that you Q. Al Betz & Associates, Inc. (410) 752-1733 26disagree with Dr. Redline's finding that the 1 1 2 subaortic stenosis was mild to moderate? 2 3 I can neither agree with it, nor disagree 3 A. 4 with it. I have not seen it myself. There is no 4 5 photograph of the heart and the heart doesn't 5 apparently exist anymore, so we're dependent on 6 6 7 what we have in the way of descriptions here. And 7 8 as I already stated, there was no measurement of 8 9 the diameter of this as seen in the resected heart. 9 10 Q. Doctor, would you agree that a 10 11 pathologist who was looking and working on an 11 12 extracted heart was part of the -- this is an 12 13 extracted heart of a neonate -- that that doctor is 13 14 part of the overall care team, along with 14 15 neonatologists and pediatric cardiologists for that 15 16 neonate? 16 17 A. In the broader concept of the care team, 17 18 I suppose that's true. 18 19 Q. Doctor, can you define primary EFE? 19 20 I have no idea what you mean by primary 20 A. 21 EFE. There is no such thing. As I said before, 21 Al Betz & Associates, Inc. (410) 752-1733

27endocardial fibroelastosis is a nonspecific response to a pathophysiologic alteration in the ventricle. Q. Doctor, can EFE be congenital? A. Yes. Q. What would be the causes of congenital EFE? Far and away, the most common cause of Ä. congenital EFE is aortic atresia. Okay. What is aortic atresia? Q. A. It's a closure of the leaflets of the aortic valve so that blood flow through the aortic valve stops. Q. Okay. That wasn't present here, was it? Ä. No. 0. Doctor, if any of the other heart valves are affected, does one see EFE? Let me restate that question for you. Let's say there's a problem with the mitral valve. Does that have a tendency to cause 21 or create EFE in the heart? Al Betz & Associates, Inc. (410) 752-1733 28A. Yes.

Q. And where would that EFE be located? In the left ventricle. A. What if there was a problem with the Q. tricuspid valve, would that cause EFE? In my view, most probably not. A. What if there was a problem with the Q. pulmonary valve, would that cause EFE? Again, most probably not. Α. Of the cases that you see that involve Q. EFE, what percentage of those cases involve EFE that is only located in the left ventricle? A. The vast majority of endocardial fibroelastosis occurs in the left ventricle, excluding the normal endocardial fibroelastotic nature of the left atrium. Doctor, have you ever personally seen a Q. case where endocardial fibroelastosis is heart wide? A. I don't believe that occurs personally. Q. I'm going to reask you that question just Al Betz & Associates, Inc. (410) 752-1733

29 31 1 so we because it's a very specific question. 1 2 where JTE was heart ride? 3 3 where JTE was heart ride? 4. We meed to make a distinction here 5 between what is the normal situation in the 6 6 endocardium of the left atrium which I already 7. Moricely, it would be what you just 8 medicardium of the left atrium which I already 7. Moricely, it would be what you just 9 maticated and also to a much lesser extent, the 6 9 maticated and also to a much lesser extent, the 6 9 maticated and sho to a much lesser extent, the 6 9 maticated purposes, is coalined to the left 1 11 practical purposes, is coalined to the left 1 12 0. Gkay. Doctor, I don't heliewe you're 1 13 answered my question yet. 1 1 14 A. Well, we need to clarify what you're 1 1 15 taking about when you use that the term EEE because the 1 1 16 norphology of the left atrial endocardial 1 1 1 16 pathologic process. 1 1 1 1 17 resem				
2 Have you personally ever seen a case 2 you said it was incodibly? 3 where ETE was heart vide? A. We need to make a distinction here A. Breeded to make a distinction here 4 A. We need to make a distinction here A. Breeded to make a distinction here 5 between what is the normal situation in the C. Throchable is what I said. 6 endocardium of the left atrum which I aready Throchable is what I said. 7 A. OrvicesIy, it would be what you just 8 endocardium of the left atrum which I aready 9 fibroelastosis is a pathologic process, for all 10 paratical purposes, is confined to the left 11 ventricle. 2 Q. Okay. Doctor, I don't believe you're 13 ansered ny question yet. 14 A. Well, we need to clarify what you're 15 talking about when you use the term EFE because the 16 morphologic process. 20 0. Nave you seen a case where endocardial 21 fibroelastosis was dishursed fairly eventy 3 A. No. 2 you sabis to diagnoes that case?	÷			31
3 where RFE was heart wide? 3 A. Improbable is yhat I said. 4 A. We need to make a distinction here 5 5 between what is the normal situation in the 0 6 endocardium of the left atrum which I already 5 7 mantioned and also to a much lesser extent, the 6 6 endocardium of the left atrum which I already 7 9 fibroelastosis is a pathologic process, for all 9 10 practical purposes, is confined to the left 10 12 0 Okay. Doctor, I don't believe you've 13 annored any question yet. 10 14 A. Well, we need to clarify what you're 13 15 talking about when you use the term EFE because the 16 16 norphology of the left attruil endocardial 16 17 resembles the morphology of endocardial 16 18 fhiroclastosis was diabursed evenly throughout the 16 19 pathologic process. 17 20 0. Have you seen a case where endocardial 17 11	1	so we because it's a very specific question.	1	You didn't say it was impossible, though,
4 0. Improbable. If such a case occurred, you 5 between what is the normal situation in the 5 6 endocardium of the left atrium which i already said you could diagnoss it, and 'T wondering what 7 mentioned and also to a much lesser extent, the 6 you diagnoss it, and 'T wondering what 8 endocardium of the left atrium which i already A. Obviously, it would hew hat you just 9 notacally proposes, is confined to the left 9 A. Well, wo need to clarify what you're 11 entryphology of the left atrial endocardial 10 0. Okay. Loctor, I don't believe you've 13 answered my question yet. 1 0. Okay. Loctor, I don't believe you've 13 answered my question yet. 1 0. Okay. Loctor, I don't believe you've 14 A. Well, we need to clarify what you're 15 15 15 tatigna boot when you use the term EFP because the 10 0. Doctor, in the context of this case, if 17 resembles the omybology of endocardial 11 11 thore cause of that EFP? 20 0. Have you seen a case where endocardial 11 thore cause of that EFP? 21 1 thore including the right	2	Have you personally ever seen a case	2	you said it was incredibly?
 between what is the normal situation in the endocardium of the left atrium which I already mentioned and also to a much leaser extent, the endocardium of the right atrium. Endocardial fibrealastosis is a pathologic process, for all paratical purposes, is confined to the left wentrole. 0. Okay. Doctor, I don't believe you've anavered my question yet. answared my question yet. between values of the left atrial endocardial of the case and try to arrive at same is interpretation of it. Q. Bave you seen a case where endocardial fibreelastosis was diabursed evenly throughout the Al Betz & Associates, Inc. (410) 752-1733 A. Mo. Q. If you did see a case where endocardial g. And what would be your diagnosis? A. Moi. Q. If you did see a case where endocardial fibreelastosis as diabursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance the you could produes such a case, the answer is yelds. Q. And what would be your diagnosis? A. Well, J neam, you know, the greation you is a soft at Gor. Q. And what would be your diagnosis? A. Well, J neam, you know, the greation you is a soft. G. Math would be your diagnosis? A. Well, Doctor, your answer to me was that it would be incredibly unsual, I may not be using your exact word, to have a case where EP was g. And what would be your chambers of the answer is g. And what would be your diagnosis? A. Well, Dictor, your answere the EP was g. And what would be your answere that g. Well, Doc	3	where EFE was heart wide?	3	A. Improbable is what I said.
 endocardium of the left atrium which I already mentioned and also to a much lesser extent, the endocardium of the right atrium. Bhdocardial fibreelastosis is a pathologic process, for all pratical purposes, is confined to the left wentricle. Q. Okay. Doctor, I don't believe you've answered my quest to clarify what you're third have you use the tarm EFE because the fibreelastosis of the left atrial endocardial closely presembles the morphology of endocardial fibreelastosis of the left ventricle as a pathologic process. Q. Nave you seen a case where endocardial fibreelastosis was disbursed evenly throughout the Al Betz & Associates, Inc. (410) 752-1733 heart, including the right ventricle and right atrime? A. Bo. Q. If you did see a case where endocardial q. If you did see a case where endocardial q. If you did see a case where endocardial q. Mad what would be your diagnosis? A. Weil, I mean, you know, the question you a Aweyou, hard of such a case? A. Bo. Q. And what would be your diagnosis? A. Weil, T mean, you know, the question you a success of the right ventricle is the they you could produce such a case, the answer is q. And what would be your diagnosis? A. Weil, T mean, you know, the question you answered the answer aked, answered that q. Weil, you charge to as was that it would be incredibly unsual, I may not be using q. Weil, you charge to as was that q. Weil, broughout all four chambers of the subice triffed as D under Q. And handing you what has been labeled 	4	A. We need to make a distinction here	4	Q. Improbable. If such a case occurred, you
 mentioned and also to a much lesser extent, the endocardium of the right atrium. Endocardial first burget of the right atrium. Endocardial first burget of the right atrium. Endocardial first burget of the left atrial endocardium closely of endocardial first burget of the left atrial endocardian closely resembles the morphology of the left atrial endocardian closely resembles the morphology of endocardial first endocardian closely resembles the morphology of endocardial first endocardial first endocardian closely resembles the morphology of endocardial first endocardial fis	5	between what is the normal situation in the	5	said you could diagnose it, and I'm wondering what
 endocardium of the right strium. Endocardial fibroelastosis is a pathologic process, for all practical purposes, is confined to the left wentricile. Q. Okay. Doctor, I don't believe you've answered my question yet. A. Nell, we need to clarify what you're fibroelastosis of the left entricile as a pathologic process. Q. Bave you seen a case where endocardial fibroelastosis was diabursed evenly throughout the A. No. Q. Have you seen a case where endocardial fibroelastosis vas diabursed evenly throughout the A. No. Q. Bave you seen a case? A. No. Q. Bave you diagees the acase? A. No. Q. And what would be your diagnosis? M. The incredibly improbable circumstance that you could produce such a case? Q. And what would be your diagnosis? M. Well, I mean, you know, the question you fibroelastosis was diabursed farm you know, the question you fibroelastosis, to meetholy improbable circumstance fibroelastosis was diabursed farm you have to be seen acase where motocardial fibroelastosis was diabursed farm you have to be seen acase? A. No. Q. And what would be your diagnosis? M. Well, I mean, you know, the question you gestion. Q. Neell, Doctor, your answer to me was that fit would be incredibly unyouknow, the question you gestion. Q. Mad handing you what has been labeled 	6	endocardium of the left atrium which I already	6	your diagnosis would be.
 9 fibroelastosis is a pathologic process, for all 10 pratical purpose, is confined to the left 11 ventricle. 2 0. Okay. Doctor, I don't believe you've 13 answered my question yet. 14 A. Well, we need to clarify what you're 15 talking about when you use the tern EFE because the 16 baren. 10 pratical purposes. 11 0. Okay. And with that diagnosis, would you 12 have any opinion as to what caused that? 13 answered my question yet. 14 A. Well, we need to clarify what you're 15 talking about when you use the tern EFE because the 16 baren. 17 there was dispersion of EFE throughout all four 18 throelastosis of the left ventricle as a 19 pathologic process. 20 0. Nave you seen a case where endocardial 11 three instruct on the cause of that EFE? 20 0. Nave you heard of such a case? 30 A. No. 31 A. No. 320 1 19 throughout all four chambers of the heart. It's not there on the 2 slides. 33 A. No. 34 A. No. 350 1 350 1 360 1 370 1 371 1 371 1 371 1 371 1 371 1<td>7</td><td>mentioned and also to a much lesser extent, the</td><th>7</th><td>A. Obviously, it would be what you just</td>	7	mentioned and also to a much lesser extent, the	7	A. Obviously, it would be what you just
 practical purposes, is confined to the left practical purposes, is confined to the left wentricle. Q. Okay. Contor, I don't believe you've answered my question yet. A. Well, we need to clarify what you're taking about whan you use the term EFE because the norphology of the left ventricle as a pathologic process. Q. Bave you seen a case where endocardial fibroelastosis of the left ventricle as a pathologic process. A. No. theart, including the right ventricle and right a A. No. Beart, including the right ventricle and right a A. No. D. Have you heard of such a case? A. No. I heart, including the right ventricle and right a A. No. G. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the beart, would you be able to diagnose that case? A. Mell, I mean, you know, the question you a. Well, J mean, you know, the question you answered the answer asked, answerd that question. Q. Well, Doctor, your answer to me was that it would be incredibly unusual, I may not be using your exact words, to hare a case where EFF was as or spread evenly throughout all four chambers of the A. Da in dog. A. Da is in dog. A. Da is in dog. A. D. It is subidentified as D under you what has been labeled 	8	endocardium of the right atrium. Endocardial	8	described, endocardial fibroelastosis uniformly
 11 ventricle. 11 0. Okay. And with that diagnosis, would you 12 0. Okay. And with that diagnosis, would you 13 A. Ne. 14 A. Neart, including the right ventricle and right 21 heart, including the right ventricle and right 3 A. No. 3 A. No. 4 0. Have you heard of such a case? 5 A. No. 6 0. If you did see a case where endocardial 7 throughout all four chambers of the heart, would 9 ob able to diagnosi that case? 9 A. In the incredibly improbable circumstance 11 that you could produce such a case, the answer is 12 yes. 13 A. Well, I mean, you know, the question you 14 A. Well, I mean, you know, the question you 15 a. Nell, I mean, you know, the question you 16 A. Well, Doctor, your answer to me was that 16 you be able to diagnosis? 17 the laft atrial four chambers of the heart, would you of the laft atrian. 16 0. Notor, which shides tell you that it was 17 the laft atrial. 18 throughout all four chambers of the heart, would you have the base? 19 A. Well, Doctor, your answer to me was that 16 you be answerd the answer asked, answered that 16 you want would, to have a case where BFF was 20 Source, which shides that it source that you wat has been labeled 21 would be incredibly moughous all four chambers of the sum of you hand ing you what has been labeled 	9	fibroelastosis is a pathologic process, for all	9	distributed throughout all four chambers of the
 Q. Okay. Doctor, I don't believe you've answered ay question yet. A. Well, we need to clarify what you're taking about when you use the term EFE because the morphology of the left atrial endocardian closely fibroelastosis of the left wentricle as a pathologic process. Q. Mave you seen a case where endocardial fibroelastosis was disbursed evenly throughout the AI Betz & Associates, Inc. (410) 752-1733 heart, including the right ventricle and right a. No. Rave you heard of such a case? A. No. Rave you heard of such a case? A. No. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. No. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. Well, I mean, you know, the question you a. Well, I mean, you know, the question you answered the answer asked, answered that question. Q. Well, Doctor, your answer to me was that it would be incredibly unusual, I may not be using yor exact words, to have a case where EFF was as pareed evenly throughout all four chambers of the A. The solution; The loft at the solution as to what cause that? A. Da in dog. J. Da in dog. J. Da in dog. J. Da is in dog. A. D. It is subidentified as D under Systites? A. D. It is subidentified as D under Systites? A. An and that would he four chambers of the A. The solution; The case what has the ell thear in any the using A. The soluting the case wha	10	practical purposes, is confined to the left	10	heart.
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10A. In the incredibly improbable circumstance10A. The slide of the right ventricle is the11that you could produce such a case, the answer is10A. The slide of the right ventricle is the12yes.12Q. And do you know which one?13Q. And what would be your diagnosis?12Q. And do you know which one?14A. Well, I mean, you know, the question you13A. I'm looking. I'm looking. It is15answered the answer asked, answered that15Q. Is that B or D?16A. D as in dog.17Q. Well, Doctor, your answer to me was that17Q. Delta. Is that the slide that's normally18it would be incredibly unusual, I may not be using19A. D. It is subidentified as D under19your exact words, to have a case where EFE was19A. D. It is subidentified as D under20spread evenly throughout all four chambers of the21Q. And handing you what has been labeled	2 3 4 5 6 7	<pre>heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly</pre>	2 3 4 5 6 7	chambers of the heart. It's not there on the slides. I want to make it clear that when I am using the term EFE, I'm referring to pathologic conditions, to not have to keep repeating that a similar morphologic change is a normal feature of the left atrium.
 11 that you could produce such a case, the answer is 12 yes. 13 Q. And what would be your diagnosis? 14 A. Well, I mean, you know, the question you 15 answered the answer asked, answered that 16 question. 17 Q. Well, Doctor, your answer to me was that 18 it would be incredibly unusual, I may not be using 19 your exact words, to have a case where EFE was 20 Spread evenly throughout all four chambers of the 21 heart. 21 that you could produce such a case, the answer is 21 that you could produce such a case, the answer is 22 Q. And do you know which one? 23 A. I'm looking. I'm looking. It is 24 S9414657D as in dog. 25 Q. Is that B or D? 26 A. D as in dog. 27 Q. Delta. Is that the slide that's normally 28 referred to as D slide? 20 S9414657. 21 Q. And handing you what has been labeled 	2 3 4 5 6 7 8	<pre>heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would</pre>	2 3 4 5 6 7 8	chambers of the heart. It's not there on the slides. I want to make it clear that when I am using the term EFE, I'm referring to pathologic conditions, to not have to keep repeating that a similar morphologic change is a normal feature of the left atrium. Q. Doctor, which slides tell you that it was
12yes.13Q. And what would be your diagnosis?14A. Well, I mean, you know, the question you15answered the answer asked, answered that16question.17Q. Well, Doctor, your answer to me was that18it would be incredibly unusual, I may not be using19your exact words, to have a case where EFE was20spread evenly throughout all four chambers of the21Q. And do you know which one?12Q. And do you know which one?13A. I'm looking. I'm looking. It is14S9414657D as in dog.15Q. Is that B or D?16A. D as in dog.17Q. Delta. Is that the slide that's normally18referred to as D slide?19A. D. It is subidentified as D under20spread evenly throughout all four chambers of the21Q. And handing you what has been labeled	2 3 4 5 6 7 8 9	<pre>heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case?</pre>	2 3 4 5 6 7 8 9	<pre>chambers of the heart. It's not there on the slides.</pre>
13Q. And what would be your diagnosis?13A. I'm looking. I'm looking. It is14A. Well, I mean, you know, the question you13A. I'm looking. I'm looking. It is15answered the answer asked, answered that14S9414657D as in dog.16A. D as in dog.15Q. Is that B or D?17Q. Well, Doctor, your answer to me was that16A. D as in dog.18it would be incredibly unusual, I may not be using18referred to as D slide?19your exact words, to have a case where EFE was19A. D. It is subidentified as D under20spread evenly throughout all four chambers of the20S9414657.21Q. And handing you what has been labeled21Q. And handing you what has been labeled	2 3 4 5 6 7 8 9 10	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance 	2 3 4 5 6 7 8 9 10	<pre>chambers of the heart. It's not there on the slides.</pre>
14A. Well, I mean, you know, the question you14S9414657D as in dog.15answered the answer asked, answered that15Q. Is that B or D?16question.16A. D as in dog.17Q. Well, Doctor, your answer to me was that17Q. Delta. Is that the slide that's normally18it would be incredibly unusual, I may not be using18referred to as D slide?19your exact words, to have a case where EFE was19A. D. It is subidentified as D under20spread evenly throughout all four chambers of the20S9414657.21Q. And handing you what has been labeled21Q. And handing you what has been labeled	2 3 4 5 6 7 8 9 10 11	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is 	2 3 4 5 6 7 8 9 10 11	<pre>chambers of the heart. It's not there on the slides.</pre>
15answered the answer asked, answered that15Q. Is that B or D?16question.16A. D as in dog.17Q. Well, Doctor, your answer to me was that17Q. Delta. Is that the slide that's normally18it would be incredibly unusual, I may not be using18referred to as D slide?19your exact words, to have a case where EFE was19A. D. It is subidentified as D under20spread evenly throughout all four chambers of the20S9414657.21Q. And handing you what has been labeled	2 3 4 5 6 7 8 9 10 11 12	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. 	2 3 4 5 6 7 8 9 10 11 12	<pre>chambers of the heart. It's not there on the slides.</pre>
16question.16A. D as in dog.17Q. Well, Doctor, your answer to me was that17Q. Delta. Is that the slide that's normally18it would be incredibly unusual, I may not be using18referred to as D slide?19your exact words, to have a case where EFE was19A. D. It is subidentified as D under20spread evenly throughout all four chambers of the20S9414657.21Q. And handing you what has been labeled	2 3 4 5 6 7 8 9 10 11 12 13	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? 	2 3 4 5 6 7 8 9 10 11 12 13	<pre>chambers of the heart. It's not there on the slides.</pre>
17Q. Well, Doctor, your answer to me was that17Q. Delta. Is that the slide that's normally18it would be incredibly unusual, I may not be using18referred to as D slide?19your exact words, to have a case where EFE was19A. D. It is subidentified as D under20spread evenly throughout all four chambers of the20S9414657.21Q. And handing you what has been labeled	2 3 4 5 6 7 8 9 10 11 12 13 14	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? A. Well, I mean, you know, the question you 	2 3 4 5 6 7 8 9 10 11 12 13 14	<pre>chambers of the heart. It's not there on the slides.</pre>
18it would be incredibly unusual, I may not be using18referred to as D slide?19your exact words, to have a case where EFE was19A. D. It is subidentified as D under20spread evenly throughout all four chambers of the20S9414657.21heart.21Q. And handing you what has been labeled	2 3 4 5 6 7 8 9 10 11 12 13 14 15	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? A. Well, I mean, you know, the question you answered the answer asked, answered that 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	<pre>chambers of the heart. It's not there on the slides.</pre>
19your exact words, to have a case where EFE was19A.D.It is subidentified as D under20spread evenly throughout all four chambers of the20\$9414657.21heart.21Q.And handing you what has been labeled	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? A. Well, I mean, you know, the question you answered the answer asked, answered that question. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	<pre>chambers of the heart. It's not there on the slides.</pre>
20spread evenly throughout all four chambers of the20\$9414657.21heart.21Q.And handing you what has been labeled	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? A. Well, I mean, you know, the question you answered the answer asked, answered that question. Q. Well, Doctor, your answer to me was that 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	<pre>chambers of the heart. It's not there on the slides.</pre>
21 heart. 21 Q. And handing you what has been labeled	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? A. Well, I mean, you know, the question you answered the answer asked, answered that question. Q. Well, Doctor, your answer to me was that it would be incredibly unusual, I may not be using 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	<pre>chambers of the heart. It's not there on the slides.</pre>
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? A. Well, I mean, you know, the question you answered the answer asked, answered that question. Q. Well, Doctor, your answer to me was that it would be incredibly unusual, I may not be using your exact words, to have a case where EFE was 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	<pre>chambers of the heart. It's not there on the slides.</pre>
At Detz & Associates, Inc. (210) 152-1135 At Detz & Associates, Inc. (410) 152-1133	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? A. Well, I mean, you know, the question you answered the answer asked, answered that question. Q. Well, Doctor, your answer to me was that it would be incredibly unusual, I may not be using your exact words, to have a case where EFE was spread evenly throughout all four chambers of the 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	<pre>chambers of the heart. It's not there on the slides. I want to make it clear that when I am using the term EFE, I'm referring to pathologic conditions, to not have to keep repeating that a similar morphologic change is a normal feature of the left atrium. Q. Doctor, which slides tell you that it was not disbursed throughout the heart? A. The slide of the right ventricle is the key slide. Q. And do you know which one? A. I'm looking. I'm looking. It is S9414657D as in dog. Q. Is that B or D? A. D as in dog. Q. Delta. Is that the slide that's normally referred to as D slide? A. D. It is subidentified as D under S9414657.</pre>
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 heart, including the right ventricle and right atrium? A. No. Q. Have you heard of such a case? A. No. Q. If you did see a case where endocardial fibroelastosis was disbursed fairly evenly throughout all four chambers of the heart, would you be able to diagnose that case? A. In the incredibly improbable circumstance that you could produce such a case, the answer is yes. Q. And what would be your diagnosis? A. Well, I mean, you know, the question you answered the answer asked, answered that question. Q. Well, Doctor, your answer to me was that it would be incredibly unusual, I may not be using your exact words, to have a case where EFE was spread evenly throughout all four chambers of the heart. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	<pre>chambers of the heart. It's not there on the slides.</pre>

	xnomus j. Lyzen, etc., et al. vs.		
	33		35
1	Exhibit, 3 have you seen Exhibit 3?	1	A. No.
2	A. Yes.	2	Q. I would like you to look at the
3	Q. Okay. This is the surgical pathology	3	photograph that refers to slide C.
_4	report from University Hospitals?	4	A. Slide C is a duplicate of slide B in the
5	A. Correct.	5	set of slides that I am looking at.
6	Q. And you've seen this?	6	MR. AUCIELLO: Does that mean you don't
7	A. Yes, I have.	7	have slide C or
8	Q. And the slide you're referring to is the	8	Q. Are you saying that slide C and D are the
9	slide referred to as D, that's delta, on that	9	same slide?
10	report; is that correct?	10	A. Slide B and slide C have been cut from
11	A. Yes.	11	the same block.
12	Q. Okay. Thank you. Now, you're looking at	12	Q. That's slide C, Charlie and D, delta?
13	now what is evidently a xerox of that slide; is	13	A. No, B, bog.
14	that correct?	14	Q. Okay. I'm not interested in B.
15	A. There is a xerox that I'm looking at	15	A. Well, you may not be interested in B, but
16	which includes that slide, correct.	16	the answer to your question relates to the fact
17	Q. Okay. Do you have any other photograph	17	that slides B and C have been cut from the same
18	or blowup of that slide in your possession?	18	block.
19	A. I do.	19	Q. Okay. Does that mean that C and D
20	Q. And is that in one of your packets that	20	basically give the same view to you of the right
21	we have?	21	ventricle?
	Al Betz & Associates, Inc. (410) 752-1733		Al Betz & Associates, Inc. (410) 752-1733
8			
Γ	34		36
1	34 A. It is. This is within Exhibit 4 and it	1	36 A. No. You're not listening.
1 2		1 2	
	A. It is. This is within Exhibit 4 and it		A. No. You're not listening.
2	A. It is. This is within Exhibit 4 and it is Number 14.	2	A. No. You're not listening.Q. I'm sorry.
2	A. It is. This is within Exhibit 4 and it is Number 14.Q. If you could refer to the blowup that is	2 3	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have
2 3 4	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that 	2 3 4	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the
2 3 4 5	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this 	2 3 4 5	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right
2 3 4 5	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in 	2 3 4 5 6	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is
234567	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? 	2 3 4 5 6 7	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle.
2 3 4 5 6 7 8	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. 	2 3 4 5 6 7 8	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you.
2 3 4 5 6 7 8 9	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything 	2 3 4 5 6 7 8 9	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right
2 3 4 5 6 7 8 9 10	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything to you concerning EFE in that Number 14 photograph? 	2 3 4 5 6 7 8 9 10	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right ventricle?
2 3 4 5 6 7 8 9 10 11	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything to you concerning EFE in that Number 14 photograph? A. Photograph demonstrates that endocardial 	2 3 4 5 6 7 8 9 10 11	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right ventricle? A. No.
2 3 4 5 6 7 8 9 10 11 12	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything to you concerning EFE in that Number 14 photograph? A. Photograph demonstrates that endocardial fibroelastosis is not present in the right 	2 3 4 5 6 7 8 9 10 11 12	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right ventricle? A. No. Q. Is there any slide of the right atrium?
2 3 4 5 6 7 8 9 10 11 12 13	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything to you concerning EFE in that Number 14 photograph? A. Photograph demonstrates that endocardial fibroelastosis is not present in the right ventricle. 	2 3 4 5 6 7 8 9 10 11 12 13	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right ventricle? A. No. Q. Is there any slide of the right atrium? A. My recollection is that D does not have
2 3 4 5 6 7 8 9 10 11 12 13 14	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything to you concerning EFE in that Number 14 photograph? A. Photograph demonstrates that endocardial fibroelastosis is not present in the right ventricle. Q. Can you say the last three words that you 	2 3 4 5 6 7 8 9 10 11 12 13 14	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right ventricle? A. No. Q. Is there any slide of the right atrium? A. My recollection is that D does not have atrium in it. That's my recollection. I can't
2 3 4 5 6 7 8 9 10 11 12 13 14 15	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything to you concerning EFE in that Number 14 photograph? A. Photograph demonstrates that endocardial fibroelastosis is not present in the right ventricle. Q. Can you say the last three words that you said? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right ventricle? A. No. Q. Is there any slide of the right atrium? A. My recollection is that D does not have atrium in it. That's my recollection. I can't tell from looking at my pictures.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything to you concerning EFE in that Number 14 photograph? A. Photograph demonstrates that endocardial fibroelastosis is not present in the right ventricle. Q. Can you say the last three words that you said? A. Not present in the right ventricle. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right ventricle? A. No. Q. Is there any slide of the right atrium? A. My recollection is that D does not have atrium in it. That's my recollection. I can't tell from looking at my pictures. Q. Okay. Doctor, how long does it take for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 A. It is. This is within Exhibit 4 and it is Number 14. Q. If you could refer to the blowup that is Number 14. Doctor, looking at the blowup that corresponds to that slide, what is it about this blowup that tells you that EFE was not located in the right ventricle? A. The endocardium is of normal thickness. Q. Is there anything else that says anything to you concerning EFE in that Number 14 photograph? A. Photograph demonstrates that endocardial fibroelastosis is not present in the right ventricle. Q. Can you say the last three words that you said? A. Not present in the right ventricle. Q. And it's because the endocardium is of 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 A. No. You're not listening. Q. I'm sorry. A. Slide B as in boy, C as in Charlie have been cut from the same block. They are from the left ventricle. They're not from the right ventricle. Slide D, delta, in your terminology, is from the right ventricle. Q. Thank you. Is there any other slide of the right ventricle? A. No. Q. Is there any slide of the right atrium? A. My recollection is that D does not have atrium in it. That's my recollection. I can't tell from looking at my pictures. Q. Okay. Doctor, how long does it take for EFE to affect a neonatal heart to such a degree
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		L general	
	37		39
1	the heart needs to be transplanted, that is the		1 abnormal process in the right atrium,
2	nature of the disease in that case.		2 Q. If there is a flow induced tension to the
3	Q. You would agree with me, or possibly not,		3 heart caused by a subaortic stenosis, would you
4	tell me, that if EFE affects a heart, that EFE will		4 expect to see the EFE in such a case induced by
5	cause that heart to have more trouble beating; is		5 such a flow problem in the left ventricle?
6	that correct?		6 A. Your scenario again is what, subaortic
7	A. That's an interesting question, and I'm		7 obstruction?
8	not sure that anyone knows the answer to that.		8 Q. Yes.
9	Endocardial fibroelastosis is a reaction to an		9 A. I have not seen that.
10	abnormal pathophysiologic state and it is not clear	1	0 Q. When you see subaortic stenosis, do you
11	that it impairs the function of the heart as	1	1 see a particular pattern of EFE created by that?
12	opposed to actually improving it or bringing it	1	2 A. As I said, I have not seen that. I can't
13	more back towards normal than would be the usual	1	3 recall such a case.
14	circumstance.	1	4 Q. Is there such a thing as strike that.
15	Q. Doctor, have you ever seen EFE in a right		5 Doctor, this case, would you agree,
16	ventricle?		6 involves subaortic stenosis?
17	A. I can't recall such a case oh, whoops.		7 A. Yes.
18	Yes, I have. Yes, I have. I have.	1	8 Q. Okay. Do you agree or disagree that
19	Q. Do you remember what	1	9 there was EFE caused by that stenosis?
20	A. Several times, as a matter of fact, I		0 A. It is not directly caused by the
21	have seen such a phenomenon.		1 stenosis. The endocardial fibroelastosis in this
	Al Betz & Associates, Inc. (410) 752-1733		Al Betz & Associates, Inc. (410) 752-1733
1			
1	38		40
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1 2	Q. Do you remember what your conclusions		1 case is a consequence of the complications that
			1 case is a consequence of the complications that
2	Q. Do you remember what your conclusions were concerning the cause of that EFE being in the		 case is a consequence of the complications that arose from the therapeutic addressing of the subaortic stenosis.
2 3	Q. Do you remember what your conclusionswere concerning the cause of that EFE being in the right ventricle?A. It was related to destruction of the		 case is a consequence of the complications that arose from the therapeutic addressing of the subaortic stenosis. Q. It is your opinion, in other words
2 3 4	 Q. Do you remember what your conclusions were concerning the cause of that EFE being in the right ventricle? A. It was related to destruction of the right ventricular myocardium. The circumstances in 		 case is a consequence of the complications that arose from the therapeutic addressing of the subaortic stenosis. Q. It is your opinion, in other words well, first of all, it is your opinion, I take it,
2345	 Q. Do you remember what your conclusions were concerning the cause of that EFE being in the right ventricle? A. It was related to destruction of the right ventricular myocardium. The circumstances in which you see that sort of thing fits into the 		 case is a consequence of the complications that arose from the therapeutic addressing of the subaortic stenosis. Q. It is your opinion, in other words well, first of all, it is your opinion, I take it, that there was no heart wide four chambers
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	Inomas J. Lyzen, etc., et al. vs.		anarakant Patel, M.D., et al.
	41		
1	believe I didn't have it in there. Yes. Yes.	1	of ischemic injury that occurs here in the
2	August 24, that's when his endocardial	2	circumstance of this sort tends to be in the
3	fibroelastosis was set in motion.	3	subendocardial part of the heart. The ability
4.	Q. So it's your opinion that the EFE that's	4	the patient to survive such an event is as a :
5	present in Baby Lyzen's extracted heart was as a	5	of resuscitation, clinical management and that
6	result of the would be heart attack that the baby	6	of thing.
7	experienced when he was undergoing valvuloplasty?	7	The endocardial fibroelastosis evolution
8	A. The infant has a profound degree of	8	over the course of some weeks following that (
9	ischemic cardiomyopathy.	9	in the case of myocardial infarct, for example
10	Q. Are you agreeing with me?	10	an adult. And with your use of the term, profe
11	A. You want to ask the question again?	11	ischemic insult, one thinks that such a person
12	Q. Is it your opinion that the EFE that was	12	not going to survive, so endocardial fibroela
13	present in Baby Lyzen's extracted heart was due to	13	is not going to be seen in the early stages of
14	the cardiac event which the baby experienced on	14	type of effect. This is why I was questioning
15	August 24, 1994?	15	about your question.
16	A. Yes.	16	Q. If there is ischemic injury to the l
17	Q. And I take it that you're saying that	17	that ischemic injury doesn't necessarily occur
18	the by the way, in laymen's terms, did the baby	18	the left ventricle, does it?
19	have a heart attack on that day?	19	A. The left ventricle is typically that
20	A. He has a great deal of ischemic injury to	20	of the heart that is most severely affected.
21	his myocardium. If you want to use the lay term of	21	Q. If there's ischemic injury, can oth
	Al Betz & Associates, Inc. (410) 752-1733		Al Betz & Associates, Inc. (410) 752
	42		
1	42 heart attack, that's fine with me. I personally do	1	chambers of the heart be affected, other than
1 2		1 2	chambers of the heart be affected, other than left ventricle?
	heart attack, that's fine with me. I personally do		
2	heart attack, that's fine with me. I personally do not think of it in those terms.	2	<pre>left ventricle? A. Yes. It's not uncommon to see a riv </pre>
2 3	heart attack, that's fine with me. I personally do not think of it in those terms. Q. Okay. What term would you use?	2 3	left ventricle?
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ive such an event is as a result linical management and that sort ardial fibroelastosis evolves some weeks following that event ardial infarct, for example, in your use of the term, profound e thinks that such a person is e, so endocardial fíbroelastosis seen in the early stages of this is is why I was questioning you is ischemic injury to the heart, y doesn't necessarily occur in does it? ventricle is typically that part s most severely affected.

of the heart. The ability of

s ischemic injury, can other ociates, Inc. (410) 752-1733

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rt be affected, other than the s not uncommon to see a right ecroses or occasionally also in lly profound episodes of shock rvives for a period of time. ccurs, do you also see EFE in rule, no. ying not as a rule. Does that ations where you would see EFE rs? escribed one to you a little l's syndrome in which there's for whatever, ischemic injury stulates as to what may be going that can occur in that schemia if that indeed is what me. ase, Doctor, with Baby Lyzen, located in chambers other than

ciates, Inc. (410) 752-1733

	Inomus J. Lyzen, etc., et al. Vs.		
	45		47
1	the left ventricle?	1	A. Well, you see endocardial proliferations
2	A. For an answer which one is this? Yes.	2	that are flow induced. That is to say in areas of
3	There is depicted on Number 16 of this exhibit	3	low shear, there will be proliferation of the
4	which is 4, there is an area of ischemic injury in	4	endocardial issues. This is discussed in
5	the left atrium.	5	considerable detail in the paper Number 15 that I
6	Q. That's photograph Number 16 in Exhibit 4?	6	referred to you before from my bibliography.
7	A. Yes.	7	Q. Do you have the blowup of slide E?
8	Q. Okay. And can you point out for us here	8	A. Yes. Numbers 2, 3, 4 and 5 all come from
9	at the table where that's located?	9	slide E.
10	A. (Indicating).	10	Q. May I see those?
11	Q. Can I see that for a second?	11	A. (Handing).
12	A. (Handing).	12	Q. E, okay. Two, 3, 4 and 5?
13	Q. Handing you what's been labeled well,	13	A. Yes.
14	Photograph Number 16 of Exhibit 4, is the area that	14	Q. And these are slides taken of the
15	you've pointed to, the lighter area in the top near	15	subaortic region?
16	the top of the photo, a little bit to the right of	16	A. They're taken from slide E which is
17	center?	17	purported to come from the region of subaortic
18	A. Yes, exactly.	18	stenosis.
19	Q. Thank you. I'll take my pathology boards	19	Q. And showing you what's been labeled
20	tomorrow.	20	slides 2, 3, 4 and 5 of Exhibit 4, can you point
21	A. Just so there's no misunderstanding,	21	out to me the endocardial thickening that is
	Al Betz & Associates, Inc. (410) 752-1733		Al Betz & Associates, Inc. (410) 752-1733
		l Lana	
	46		48
1	46 that's also shown in 15 which is a lower powered	1	48 consistent with flow induced endocardial
1 2		1 2	
	that's also shown in 15 which is a lower powered	1 2 3	consistent with flow induced endocardial
2	that's also shown in 15 which is a lower powered view that includes that same area.		consistent with flow induced endocardial proliferation?
2 3	<pre>that's also shown in 15 which is a lower powered view that includes that same area. Q. Could I see that, Doctor?</pre>		consistent with flow induced endocardial proliferation? A. It's well seen in 3 towards the
2 3 4	<pre>that's also shown in 15 which is a lower powered view that includes that same area. Q. Could I see that, Doctor? A. (Handing).</pre>	3	<pre>consistent with flow induced endocardial proliferation? A. It's well seen in 3 towards the slightly to the right of center. And under higher</pre>
2 3 4	<pre>that's also shown in 15 which is a lower powered view that includes that same area. Q. Could I see that, Doctor? A. (Handing). Q. And in Number 15 of Exhibit 4, where's</pre>	3 4 5	<pre>consistent with flow induced endocardial proliferation? A. It's well seen in 3 towards the slightly to the right of center. And under higher power, in 4, as a lamina of proliferated tissue.</pre>
2 3 4	<pre>that's also shown in 15 which is a lower powered view that includes that same area. Q. Could I see that, Doctor? A. (Handing). Q. And in Number 15 of Exhibit 4, where's the ischemia located?</pre>	3 4 5	<pre>consistent with flow induced endocardial proliferation? A. It's well seen in 3 towards the slightly to the right of center. And under higher power, in 4, as a lamina of proliferated tissue. All this stuff (indicating).</pre>
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	<pre>that's also shown in 15 which is a lower powered view that includes that same area. Q. Could I see that, Doctor? A. (Handing). Q. And in Number 15 of Exhibit 4, where's the ischemia located? A. That (indicating). Q. Okay. Doctor, I would like you to refer to slide E. You have said that do you have that? A. I do. Q. You state in your report that slide E is consistent with flow induced tension, and I would like to know what you mean by that. A. That is not what I said. I said one slide, E, shows endocardial thickening that is consistent with flow induced endocardial proliferation with overlying organizing thrombus in the area of subaortic stenosis. Q. Okay. Thank you. What do you mean by</pre>	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 consistent with flow induced endocardial proliferation? A. It's well seen in 3 towards the slightly to the right of center. And under higher power, in 4, as a lamina of proliferated tissue. All this stuff (indicating). Q. Okay. Let's go back to 3. Where do you see the endocardial thickening that we've been talking about? A. It's this stuff that has slightly different color that extends through this area here (indicating). Q. Okay. That is a little bit to the right and above the center of this picture. Would you agree? A. It's yeah. Part of it is somewhat above center, yes, and it's a little bit to the right. Q. Okay. And is that a little bit darker in color than the rest of the photo?

49 51 1 are to the left of it. 1 If a valvuloplasty is performed on a Q. 2 And it's directly above this little dark 2 0. neonate and that heart has been extracted, would 3 blotch? 3 you expect to see any signs of the valvuloplasty on 4 A. Yes. A blood vessel. 4 the extracted heart? 5 Q. Okay. And Number 4 is a blowup of that? 5 A. It could be very difficult to recognize 6 A. Yes. in a pathologic specimen, and that's just not 6 7 Q. When you say something is consistent, do 7 neonates. Valvuloplasty changes are actually 8 you mean that it is a possible result, but not the 8 difficult to appreciate many times. definite result of something? 9 9 I have a paper on valvuloplasty pathology 10 Not really. It means that far and away, Å. 10 too. I forgot to write that one down. 11 more probably than not, that is the explanation of Could you tell us which one that is? 11 Q. 12 it, but that one would concede that there may 12 Not off the top of my head. A. 13 conceivably be other explanations. 13 Q. Is it in your CV? 14 Doctor, what are the major diseases that 14 A. Yes. Bibliography, Q. 15 cause EFE? 15 Q. Doctor, this might be important. If you 16 A. Probably the commonest thing is 16 could point out that article to us. 17 cardiomyopathy. 17 Your colleagues are going to get annoyed Ā. 18 Any others? 18 0. if I take the time to find this thing. All right. 19 A. You can see it, as we discussed before, 19 Why don't you go ahead? I'll just be looking while 20 with left heart syndrome. 20 you're talking. 21 0. I take it that it is your opinion in this 21 Well, have you in your practice ever seen Q, Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733 50 52case --1 1 signs of a valvuloplasty done on an aortic valve? 2 Ă. And if I could just extend that, I also 2 Ä. Yes. 3 mention myocardial infarction as a relatively 3 Okay. What kind of signs do you see? Q. 4 common of localized EFE. 4 A. Well, the one that particularly comes to 5 Q. Doctor, I take it that it is your opinion 5 mind was done in a patient with calcific aortic 6 in this case that the EFE that you see here is only 6 stenosis. And in that case, there had been 7 located in the left ventricle, correct? 7 cracking of some of the calcific materials in the 8 A. Yes. That same qualifier in terms of the 8 sinus of Valsalva. 9 left atrium. You understand this, right? You've 9 Have you ever seen in such a situation, Q. never agreed that you understand this. So you want 10 10 that is, where a valvuloplasty is done on an aortic 11 me to say it every time or what? 11 valve, have you ever seen signs of tearing of the 12 Q. No, no, that's all right. 12 aortic valve? 13 A. Are you agreeing that the comparable 13 A. Yeah. We looked at a whole bunch of 14 morphology is seen normally in the left atrial 14 aortic valves that were obtained from autopsy 15 endocardium? 15 patients. 16 Q. I don't know if I'm agreeing to that, but 16 And, in fact, that's the paper I'm 17 I understand that you're saying that. 17 looking for because that study was done and had all 18 Α. Can we agree that we're going to use the 18 kinds of injuries from the different types of 19 term EFE only for the pathologic change? 19 injuries and some of the valves, including tearing 20 Q. Yes. 20 of the leaflet. 21 A. All right, fair enough. 21 Q. Doctor, can an infectious process cause Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733

5355 EFE? 1 1 0. And I understand that answer. Is there 2 A. Yes. Viral myocarditis being a 2 anything in your other findings, though, that leads 3 particularly common cause of that sort of thing. 3 you to question that? 4 Could you agree that the pathologic To question that there's subaortic Q. â A. 5 changes that result when EFE occurs are similar, 5 stenosis? 6 regardless of the cause of EFE? 6 Q. To question whether it was mild to moderate? 7 A. Yes. It's a nonspecific pathologic 7 8 reaction to pathophysiologic state. 8 A. I can't address it one way or the other. 9 0. Doctor -- oh, I'm sorry? 9 I have no reason to dispute that statement based on 10 A, 301. 10 what I've seen. 11 Q. Number 301. Thank you. 11 Q. Okay. Now, in that surgical pathology 12 Doctor, do you have any opinion as to the 12 report, right in the middle of the note on the 13 standard of care delivered by any of the physicians 13 second page, Dr. Redline writes: The myocardial in this case? 14 14 changes are out of proportion to the degree of 15 A. I do not address standard of care aortic stenosis which was mild/moderate at best. 15 16 questions being a pathologist. 16 I'm sorry, I had seen that. I have Ă. 17 MR. ROSMAN: Doctor, I don't think I have 17 misstated what I said before, they did in fact 18 any further questions at this point. 18 measure that. I was reading down here that they 19 MR. AUCIELLO: Doctor, I just have --19 would have measured the aortic valve. They did in 20 I'm Ernie Auciello, I represent Dr. Patel and 20 fact measure the site of stenosis. 21 Dr. Zahka. 21 Q. Okay. So what --Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733 5456 So I would agree with the mild to 1 MR. BECKER: Ernie, can you move a little 1 A. 2 bit closer to that speaker phone? 2 moderate. 3 MR. AUCIELLO: I didn't have a mike, I'm 3 Q. You would agree with the mild to 4 sorry. 4 moderate? 5 EXAMINATION BY MR. AUCIELLO: 5 A. Yes. 6 0, Doctor, directing your attention to the 6 Q. Would you agree that the myocardial 7 surgical pathology report done on the heart, I 7 changes are out of proportion to that degree of 8 believe you have it in front of you. I don't 8 aortic stenosis? 9 remember what exhibit it is, though. 9 The myocardial changes as seen in the A. 10 A. Yes. 10 heart, yes, they are the consequence of the injury 11 And if I recall your testimony, you said 0. 11 resulting from the arrest. 12 you can't determine whether the stenosis was mild 12 MR. AUCIELLO: Okay. That's the only 13 to moderate without seeing it, the subaortic 13 question I have. 14 stenosis? 14 MR. ROSMAN: Any questions from 15 A. Right. 15 Philadelphia? 16 Okay. Q. 16 MR. CULLEN: Doctor, my name is John 17 Ă. The subaortic area was not measured by 17 Cullen. I just have a few questions. 18 the descriptions here and he asked a matter of mild 18 EXAMINATION BY MR. CULLEN: 19 to moderate, apparently was based on looking at it 19 Can you hear me? Q. 20 and they did not photograph it and we don't have 20 A. Yes. 21 the specimen, so. 21 Q. Okay. I'm looking at your report, I'm on Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (410) 752-1733

571Page 2, the last paragraph where it begins in2summary.3A. Yes.4Q. And it says: Thomas Lyzen had subaortic5outflow tract obstruction of the left ventricle and6that this congenital malformation was his7underlying cardiac problem. Right?8A. Correct.9Q. Do you have any opinions on what the10treatment should have been for this congenital11malformation?12A. No. That's a clinical determination.13Q. Okay. I understand you've got a copy of15A. Yes, I do.15A. Yes, I do.	s. slew of orimary and ing you say is mary EFE or an ight? is a s an entity of I have the s, the
2summary.2concept of endocardial fibroelastosis3A. Yes.3Q. I think so. I had a whole4Q. And it says: Thomas Lyzen had subaortic4questions on the difference between p5outflow tract obstruction of the left ventricle and6that this congenital malformation was his6that this congenital malformation was his6that you don't believe there is a pri7underlying cardiac problem. Right?7entity called primary EFE; is that ri8A. Correct.8A. It is my opinion that there9Q. Do you have any opinions on what the9widespread misconception that there i10treatment should have been for this congenital10primary endocardial fibroelastosis.11malformation?11personal belief that in all instances12A. No. That's a clinical determination.12endocardial fibroelastosis is seconda13Q. Okay. I understand you've got a copy of13other pathologic process.14Dr. Redline's deposition with you.14Q. So there's a misconception15A. Yes, I do.15right?	s. slew of orimary and ing you say is mary EFE or an ight? is a s an entity of I have the s, the
 A. Yes. Q. And it says: Thomas Lyzen had subaortic outflow tract obstruction of the left ventricle and that this congenital malformation was his underlying cardiac problem. Right? A. Correct. Q. Do you have any opinions on what the treatment should have been for this congenital malformation? A. No. That's a clinical determination. Q. Okay. I understand you've got a copy of Dr. Redline's deposition with you. A. Yes, I do. Q. I think so. I had a whole G. I think what I'm heari I that you don't believe there is a pri I that you don't believe there is a pri I that you don't believe there is a pri I triany opinion that there G. I think what I'm heari I primary endocardial fibroelastosis. I personal belief that in all instances I think what I'm heari I primary endocardial fibroelastosis is secondar I think what I'm heari I think what I'm heari I personal belief that in all instances I think what I'm heari I primary endocardial fibroelastosis is secondar I think what I'm heari I	slew of primary and ing you say is mary EFE or an ight? is a is a entity of I have the s, the
4Q. And it says: Thomas Lyzen had subaortic4questions on the difference between p5outflow tract obstruction of the left ventricle and5secondary, and I think what I'm heari6that this congenital malformation was his6that you don't believe there is a pri7underlying cardiac problem. Right?7entity called primary EFE; is that ri8A. Correct.8A. It is my opinion that there9Q. Do you have any opinions on what the9widespread misconception that there i10treatment should have been for this congenital10primary endocardial fibroelastosis.11malformation?11personal belief that in all instances12A. No. That's a clinical determination.12endocardial fibroelastosis is seconda13Q. Okay. I understand you've got a copy of13other pathologic process.14Dr. Redline's deposition with you.14Q. So there's a misconception15A. Yes, I do.15right?	orimary and ing you say is mary EFE or an ight? a is a is an entity of I have the s, the
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7underlying cardiac problem. Right?7entity called primary EFE; is that ri8A. Correct.8A. It is my opinion that there9Q. Do you have any opinions on what the9widespread misconception that there i10treatment should have been for this congenital10primary endocardial fibroelastosis.11malformation?11personal belief that in all instances12A. No. That's a clinical determination.12endocardial fibroelastosis is seconda13Q. Okay. I understand you've got a copy of13other pathologic process.14Dr. Redline's deposition with you.14Q. So there's a misconception15A. Yes, I do.15right?	ght? a is a s an entity of I have the s, the
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13Q.Okay. I understand you've got a copy of13other pathologic process.14Dr. Redline's deposition with you.14Q.So there's a misconception15A.Yes, I do.15right?	ry to some
14Dr. Redline's deposition with you.14Q. So there's a misconception15A. Yes, I do.15 right?	-
15 A. Yes, I do. 15 right?	out there,
· · · · · · · · · · · · · · · · · · ·	,
16 Q. Have you read it? 16 A. That is my opinion.	
17 A. Yes, I read through it. 17 Q. I think I'm reading all the	e materials
18 Q. Do you disagree with any of his opinions? 18 from this misconception then.	
19 MR. BECKER: I object. 19 Was this misconception pres	sent in 1994?
20 Q. Well, Doctor, does he point out in his 20 A. It still exists.	
21 deposition that he found EFE in the right 21 MR. CULLEN: Okay. Thank y	ou That's
Al Betz & Associates, Inc. (410) 752-1733 Al Betz & Associates, Inc. (4	
58	60
1 ventricle? 1 all I have.	
2 A. Yes, I noted that statement. 2 THE WITNESS: You're welcom	1e.
3 Q. I'm assuming you disagree with that? 3 MR. MOSCARINO: Doctor, my	name is George
4 A. It's not shown on the slide of right 4 Moscarino, I'm an attorney for the ho	•
5 ventricle that I have to look at. 5 just have a few questions for you.	
6 Q. Okay. Do you know if that was the slide 6 EXAMINATION BY MR. MOSCARIN	10:
7 he was looking at or 7 Q. This misconception that you	
8 A. I'm not sure if these are original slides 8 Cullen about, is that a minority posi	
9 that I have or whether they're recuts. 9 hold?	teron enac for
10 Q. Would the original slides be of more help 10 A. Is the opinion that there i	is no primary
11 to you? Would they be better quality? Would 11 EFE a minority opinion?	in we bringed
12 they 12 Q. Yes.	
12 Q. les. 13 A. I can't answer that. As I said, I don't 13 A. I can't answer that. I don	alt know
The second compact mater and a satury i will the second se	
14 know whether these are the original slides or not	log don ci
14 know whether these are the original slides or not. 14 Q. Well, if you know, and if y	100
15 Q. All right. So it's not that you disagree 15 fine, if we polled 100, if there are	
15Q. All right. So it's not that you disagree15fine, if we polled 100, if there are16with Dr. Redline, it's that you don't know if he16pathologists like yourself, specialize	zed in
15Q. All right. So it's not that you disagree15fine, if we polled 100, if there are16with Dr. Redline, it's that you don't know if he16pathologists like yourself, specializ17was looking at the same things you were looking at;17pediatrics and in cardiology, would mean	zed in nore than 50 of
15Q. All right. So it's not that you disagree15fine, if we polled 100, if there are16with Dr. Redline, it's that you don't know if he16pathologists like yourself, specializ17was looking at the same things you were looking at;17pediatrics and in cardiology, would m18is that fair?18them believe that there's no such this	zed in nore than 50 of
15Q. All right. So it's not that you disagree15fine, if we polled 100, if there are16with Dr. Redline, it's that you don't know if he16pathologists like yourself, specializ17was looking at the same things you were looking at;17pediatrics and in cardiology, would m18is that fair?18them believe that there's no such this19A. That's correct, I do not know.19EFE?	zed in more than 50 of ing as primary
15Q. All right. So it's not that you disagree15fine, if we polled 100, if there are16with Dr. Redline, it's that you don't know if he16pathologists like yourself, specializ17was looking at the same things you were looking at;17pediatrics and in cardiology, would m18is that fair?18them believe that there's no such this19A. That's correct, I do not know.19EFE?20Q. Is there anything else you remember from20A. I can't answer that. I read	zed in more than 50 of ing as primary ally don't
15Q. All right. So it's not that you disagree15fine, if we polled 100, if there are16with Dr. Redline, it's that you don't know if he16pathologists like yourself, specializ17was looking at the same things you were looking at;17pediatrics and in cardiology, would m18is that fair?18them believe that there's no such this19A. That's correct, I do not know.19EFE?	zed in more than 50 of ing as primary ally don't clinicians, I

	61		63
1	can tell you that the majority of them seem to	1	medical evidence or are you looking at two
2	believe that there is such an entity. I don't know	2	different cuts of the same slide? Or do you not
3	about pathologists.	3	know?
4	Q. Well, are you saying that the	4	A. I can't tell. I mean, normally if you
5	misconception on whether there's such a thing as	5	get recut slides, they're marked as such. That is
6	primary EFE is a misconception that's held by	6	not the case with the ones that I reviewed. So I
7	cardiologists or pathologists or both?	7	do not know if these are original slides or recuts.
8	A. I'm sure, obviously from Dr. Redline's	8	Q. If you were shown another slide of the
9	deposition, there are pathologists that hold that	9	right ventricle which showed EFE, would that change
10	opinion.	10	your opinions at all?
11	Q. And all I'm trying to figure out is your	11	A. Not in regard to the interpretation of
12	comment to Mr. Cullen who preceded me here, is that	12	this case.
13	directed towards clinicians or pathologists or	13	Q. Why not?
14	both?	14	A. Because the pathology of the case is very
15	A. Both.	15	clear cut, as I've described it in my report here.
16	Q. And as a pathologist, are you qualified	16	Q. Is John Hopkins a teaching institution?
17	to comment on whether a clinician has a	17	A. Yes. Johns Hopkins. It starts there
18	misconception in their diagnosis of EFE?	18	with teaching.
19	A. Yes.	19	MR. ROSMAN: Thank you, Doctor. As an
20	Q. Are the cardiologists also qualified then	20	alumnus, I'm glad you made that correction.
21	in your mind to talk about and opine about the	 21	U. SO YOU WOLK WICH LESIGENES AND LELIOWS?
21	in your mind to talk about and opine about the Al Betz & Associates, Inc. (410) 752-1733	21	Q. So you work with residents and fellows? Al Betz & Associates, Inc. (410) 752-1733
21		21	-
21		21	-
21	Al Betz & Associates, Inc. (410) 752-1733 62	21	Al Betz & Associates, Inc. (410) 752-1733
	Al Betz & Associates, Inc. (410) 752-1733 62 pathology?		Al Betz & Associates, Inc. (410) 752-1733 64
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1	right and ability to change diagnoses that the	1	MR. ROSMAN: I don't have any further
2	residents and fellows set forth?	2	questions.
3	A. I can't speak with any personal knowledge	3	MR. AUCIELLO: I've got one follow-up
4	about what goes on in cardiology, but I would	4	about the primary EFE view that you hold.
5	assume that would be the case.	5	EXAMINATION BY MR. AUCIELLO:
6	Q. Did you read the report of a Dr. Novak?	6	Q. Were you of this view in 1994, or do you
7	A. Novak, that name is not familiar to me.	7	know when you came to see the light, so to speak,
8	Is that an expert report or part of the record?	8	that there was no such thing as primary EFE?
9	Q. My understanding is he's an expert	9	A. My interest in endocardial fibroelastosis
10	pathologist identified by one of the other	10	extends back a number of years. The papers I
11	Defendants.	11	referred to before were written or published back
12	A. No, I have not seen that.	12	in 1971 or '72, so.
13	Q. He's from Children's Hospital in Acron,	13	Q. So if we had asked you in 1994 if there's
14	Ohio.	14	such a thing as primary EFE, your answer would be
15	A. No, I have not seen his report.	15	the same as it is today?
16	Q. Are you familiar with a Dr. Robert W.	16	A. Correct.
17	Novak from Acron, Ohio?	17	MR. AUCIELLO: I have no further
18	A. No, I do not know him.	18	questions.
19	Q. His summary is as follows: He says:	19	- MR. ROSMAN: I will make arrangements
20	Number one, I conclude that the aortic outflow	20	somehow with the doctor to somehow get color copies
21	obstruction is of only modest severity at all	21	of these photographs.
	Al Betz & Associates, Inc. (410) 752-1733		Al Betz & Associates, Inc. (410) 752-1733
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	66		68
1	66 times.	1	68 THE WITNESS: Yes. I can provide those
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1	STATE OF MARYLAND	2	P.C. Box 665 Westminster, Maryland 21158
2	\$5:	з	WEFUELHSTEF, MARY12444 21150 VOICE- (410)752-1733 FAX- (410)575-2857
3	I, Stephanic House, a Notary Public of	4	E-mail - albetz∉ix.netcom.com DATE: December 28, 1999
4	the State of Maryland, do hereby certify that the	5	JOB NUMBER: SH21548H
5	within named GROVER HUTCHINS, M.D., personally	5	CASE CAPTION: Lyzen vs. Patel, M.D., et al COURT: Court of Common Pleas, Cuyahoga County, Ohio
б	appeared before me at the time and place herein set	6	CASE NUMBER: 307715 DEPONENT: GROVER M. HUTCHINS, M.D.
		7	DATE OF DEPOSITION: December 15, 1999
7	out, and after having been duly sworn by me, was	8	ATTORNEYS/FIRMS: MICHAEL SECKER, ESQUIRE / Becker & Mishkind
8	examined by counsel.	9	ERNEST W. AUCIELLO, JR., ESQUIRE / Gallagher, Sharp, Fulton & Norman
9	I further certify that the examination		MARREN ROSMAN, ESQUIRE / Weston, Hurd, Fallon,
10	was recorded stenographically by me and this	1.0	Paisley & Howley, L.L.P. GEORGE MOSCARINO, ESQUIRE (By telephone) /
11	transcript is a true record of the proceedings.	11	Mascarino & Treu JOHN L. CULLEN, ESQUIRE (By telephone) / Mazanec,
12	I further certify that I am not of	1.2	Raskin é Ryder, L.P.A.
13	counsel to any of the parties, nor an employee of	13	Dear Sir or Madam:
14	counsel, nor related to any of the parties, nor in	14	Bound herewith is the transcript of the above-referenced deposition, including the
			original certificate page and notary page. Please
15	any way interested in the outcome of this action.	15	read the transcript and sign the certificate page before a notary public for authentication of your
16	As witness my hand and notarial seal this	16	signature. Any additions or corrections should be listed on the errata sheet provided. Please remove
17	23rd day of December, 1999.	17	the signed certificate, notary pages, and the
18		18	completed errata sheets, and return them to the address listed above for processing.
19		19	If this process has not been completed within (30) thirty days from the date of this
20	Stephanie House, Notary Public		letter, we will assume that the right to read the
21	My commission expires June 1, 2003.	20	deposition has been waived. This is in accordance with Rule 30(s) of the Federal Rules of Civil
		21	Procedure and Rule 411 Section (a) of the Maryland
	Al Betz & Associates, Inc. (410) 752-1733		Rules of Procedure. Al Betz & Associates, Inc. (410) 752-1733
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1	70 INDEX	1	72 READING & SIGNING PROCEDURE
1. 2		1 2	
	INDEX		
2	I N D E X DEPOSITION OF GROVER M. HUTCHINS, M.D.	2	READING & SIGNING PROCEDURE
2	I N D E X DEPOSITION OF GROVER M. HUTCHINS, M.D.	2 3	READING & SIGNING PROCEDURE The Deposition of GROVER M. HUTCHINS,
2	INDEX DEPOSITION OF GROVER M. HUTCHINS, M.D. DECEMBER 15, 1999	2 3 4	READING & SIGNING PROCEDURE The Deposition of GROVER M. HUTCHINS, M.D., taken in the matter, on the date, and at
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1 CERTIFICATE 2 STATE OF: 3 COUNTY/CITY OF: 4 Before me, this day, personally 5 appeared GROVER M. HUTCHINS, M.D., who, being duly	73
2 STATE OF: 3 COUNTY/CITY OF: 4 Before me, this day, personally	
3 COUNTY/CITY OF: 4 Before me, this day, personally	
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5 appeared GROVER M. HUTCHINS M.D. who heing duly	
6 sworn, states that the foregoing transcript of	
7 his/her Deposition, taken in the matter, on the	
8 date, and at the time and place set out on the	
9 title page hereof, constitutes a true and	
10 accurate transcript of said deposition.	
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12	100000
13	
14 GROVER M. HUTCHINS, M.D.	-
15	
16 SUBSCRIBED and SWORN to before me this	
17 day of, in	
18 the jurisdiction aforesaid.	
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21 My Commission Expires Notary Public	
Al Betz & Associates, Inc. (410) 752-17	33
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1 DEPOSITION ERRATA SHEET	
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SIGNATURE:	***************************************	DATE:
	Grover M. Hutchins, M.	D.
	Al Betz & Associates, In	uc. (410) 752-1



DATE:

Al Betz & Associates, Inc. (410) 752-1733

Grover M. Hutchins, M.D.