THE STATE Of OHIO,
: SS:
COUNTY Of SUMMIT.

IN THE COURT OF COMMON PLEAS

MARGARET VARGO, administratrix :
Of the ESTATE Of KRISTOPHER
VARGO, deceased,
plaintiff, :

vs. : Case No.CV97064063

KAMEL F. MUAKKASSA, M.D.,
et al., :
defendants.

Deposition Of THIRUVENGADA KULASEKARAN, M.D., a defendant herein, called by the plaintiff for the purpose of cross-examination pursuant to the Ohio Rules of civil Procedure, taken before Constance Campbell, a Notary Public within and for the State of Ohio, at the offices of Thiruvengada Kulasekaran, M.D., 300 Locust Street, Akron, Ohio, on FRIDAY. APRIL 30TH, 1999, commencing at 2:00 p.m. pursuant to agreement of counsel.

APPEARANCES:

ON BEHALF OF THE PLAINTIFF:

Donna Taylor-Kolis, Esq.
Donna Taylor-Kolis Co., LPA
330 Standard Building
Cleveland, Ohio 44113
(216) 861-4300.

ON BEHALF OF THE DEFENDANT
KAMEL MUAKKASSA M.D.:

John A. Simon, Esq.
Gallagher, sharp, Fulton & Norman
1501 Euclid Avenue
Cleveland, Ohio 44114
(216) 241-5310.

APPEARANCES:

ON BEHALF OF THE DEFENDANTS

THIRUVENGADA KULASEKARAN. M.D. and DEAN TIMMONS, M.D.:

John Cullen, Esq.
Mazanec, Raskin & Ryder
34305 Solon Road
Cleveland, Ohio 44139
(216) 248-7906.

ON BEHALF OF KAMEL MUAKKASSA, M.D.:

David Best, Esq.
4900 West Bath Road
Akron, Ohio 44333.

INDEX

WITNESS: THIRUVENGADA KULASEKARAN. M.D.

	PAGE
Cross-examination by Miss Kolis	5

(NO EXHIBITS MARKED)

(FOR COMPLETE INDEX, SEE APPENDIX)

(IF ASCII DISK ORDERED, SEE BACK COVER)

THIRUVENGADA KULASEKARAN, M.D.

of lawful age, a defendant herein, called by the plaintiff for the purpose of cross-examination pursuant to the Ohio Rules of Civil Procedure, being first duly sworn, as hereinafter certified, was examined and testified as follows:

MISS KOLIS: Dr. Kulasekaran, with apologies I can guarantee you that your deposition won't be quite as brief as Dr. Timmons.

CROSS-EXAMINATION

BY MISS KOLIS:

Q. Having said that, for the record can you state your name and professional address, please?

A. My name is Thiruvengada Kulasekaran, K-u-l-a-s-e-k-a-r-a-n, pediatric neurologist at chi1dren's Hospital in Akron.

Q. I bet if I asked your attorney he would turn around and hand me your CV?

MR. CULLEN: I would indeed.

MISS KOLIS: Thank you.

Q. Doctor, can you just briefly tell me about your training that led you to your occupation as a physician?

A. Yes. I did all my medical school in India. I

came to New Jersey for pediatric training for two yea Then after that came to children's Hospital in Pittsburgh for pediatric neurology training for three years. Then I came here in 1981 to join with Dr. Timmons in the private practice of pediatric neurology.

Q. Let me see if I follow that. while you were speaking I was reading.

YOU did your residency training at College Hospital, vellore?

A. Yes.

Q. where is that?

A. In South India.

Q. 1968 to 1969, correct?

A. correct.

Q. Then you served as a research assistant?

A. Correct.

Q. what did you research?

A. Longitudinal studies in human reproduction.

Q. Not being as well read as I should be in my lifetime I suppose, can you tell what kind of research that is?

A. Following pregnant women in urban settings or rural settings, looking at the birth rate of babies born in rural settings and urban settings.

Q. Subsequent to your research responsibilities it said you had some postgraduate residency training in pediatrics from '71 to '73, once again at Vellore, India, correct?

A. Correct.

Q. Is this comparable to the American residency program in terms of the progression, is that how they do that?

A. Correct.

Q. You served it looks like in an academic function as a lecturer in pediatrics?

A. Correct.

Q. From '73 to '76?

A. Correct.

Q. Then you came here to New Jersey as you indicated?

A. Correct.

MR. CULLEN: we're in Akron.

MISS KOLIS: Yes, we are.

Q. You came to the united States in 1976, correct?

A. Correct.

Q. You did a one year residency at Rutgers School of Medicine?

A. Correct.

Q. Then after that an additional year in pediatrics from '77 to '78?

A. correct.
Q. At Memorial Hospital of New Jersey?
A. Correct.
Q. Then you got a Fellowship?
A. Correct.
Q. university of Pittsburgh?
A. Correct.
Q. That was '78 to '81?
A. Correct.
Q. Your CV says you are Boarded both in pediatrics and you have a certification Board in pediatric neurology?
A. Board certification.
Q. They are both Board certifications?
A. Yes.
Q. You've been in Akron, where we are now, not New Jersey, through the present?
A. correct.
Q. Do you practice anyplace other than children's Hospital?
A. NO.
Q. So you are just strictly confined to this facility?
A. Correct.
Q. Doctor, I also dislike asking this question, but

other than the instance case in which you are a named party, have you been involved in other medical malpractice cases?

MR. CULLEN: objection.

A. Yes.

Q. Approximately how many other cases?

MR. CULLEN: objection. Can I have a continuing objection?

MISS KOLIS: Yes, you can have a continuing objection.

A. Two cases. One was dropped out of the case, the other one is settled out of court.

Q. Did either one of those cases involve a shunt malfunction?

A. No.

Q. Doctor, by way of some background so that I have an understanding, prior to Kristopher Vargo becoming your patient, with what frequency did you have the opportunity to interact with or work with children with spina bifida?

A. I think I had a few patients which I shared with Dr. Muakkassa that had spina bifida, shunt problems

Q. Prior to Kristopher becoming your patient you had a referral relationship with Dr. Muakkassa, I don't mean it in some sinister way. What I'm saying is

Dr. Muakkassa as a child neurosurgeon had occasion to ask you to treat some of his patients?

A. Yes.

Q. You really can't state with any certainty how many spina bifida patients you would have had?

A. I think before Dr. Muakkassa came into practice, Dr. Baukman used to manage all the shunt patients at children's Hospital. He referred a lot of patients to me. After Baukman left the practice, Dr. Muakkassa took over his practice, then he started referring patients to me.

Q. Do you hold any positions at the hospital in addition to being a member of this group practice?

A. I'm assistant director of neurology at children's Hospital.

Q. How long have you held that position?

A. That is ever since I joined the practice of Dr. Timmons, from 1981 forward.

Q. The job you got when you came, you are still holding onto it, right?

A. Right.

Q. Have you had an opportunity, Doctor, to carefully review the medical records in this matter?

A. I did.

Q. Is your attorney sitting there with a copy of your

office chart?

A. Yes. Should be around here somewhere.

Q. I thought you might need it. If you've memorized the chart, that is great.

Can you tell me, based upon the chart that you have, when Kristopher became your patient?

A. I saw the patient first in children's Hospital in Akron I think 6-4-1988 as a consult from Dr. Baukman.

Q. What was the purpose of that consult, Doctor?

A. That is the time I think he had a seizure with a fever at the time, Dr. Baukman asked me to see him at that time.

Q. You were called in, I'm interpreting it so you can tell me, for advice, your opinion on the management of the seizures or something else?

A. I think mainly for seizures with a fever. He wanted my opinion on treatment.

Q. what was your treatment for him at that time?

A. At that time I started him on -- patient was already on Phenobarbital, I told him to continue the Phenobarbital, 15 milligrams in the morning, 30 at bedtime, I told him to continue that. My impression was seizure disorder precipitated by fever.

Q. To your knowledge, if you were able to ascertain any background on this child, in 1988 Kristopher would

have been how old?

A. He was --

Q. Not too old?

A. I think he was 30 months.

Q. 13?

A. 30, 3-0.

Q. Were you able from the history you gleaned from the record or the parents, determine whether or not Kristopher had had seizure activity prior to that time?

A. I don't think he had a seizure before. That is the first time, if I remember correctly, he had a seizure.

Q. Were you able to sufficiently work up a diagnosis at that time to attribute that seizure solely to fever?

A. Rephrase the question. I'm sorry.

Q. was it a febrile seizure, that's what you concluded?

A. Probably. The difference between a febrile seizure and a seizure disorder is that it is precipitated by fever.

Q. Explain to me what you mean by a seizure disorder precipitated by fever then?

A. Seizure disorder, you have a tendency for seizure, fever brings on the seizure activity, as opposed to the febrile seizure, you don't have a seizure disorder, the

fever causes the seizure.

Q. So I can understand it, you determined that he had a seizure disorder. what in your opinion was the cause of his seizure disorder?

A. At the time I couldn't come up with anything. There was no reason for him to have a seizure disorder.

Q. over time, between 1988 and the date of Kristopher's death in 1995, did you clearly establish in your diagnosis and treatment of this patient a cause for his seizure disorder?

A. NO.

Q. were there probable causes for the seizure disorder that you could state with reasonable medical probability?

A. Repeat that question, please.

Q. Were there causes for the seizure disorder that you could state with reasonable medical probability?

A. There was no cause for the seizure disorder.

Q. During the time period from when you first saw him in 1988 through the time of his death, did Kristopher ever again have a seizure?

A. Yes, he had seizures after that.

Q. Did you document those in hospital visits and office notes?

A. I think I must have done it in my chart.

Q. what I would like to do -- go ahead if you thought you could find them quickly.

A. This is all documented by the residents, the emergency room, I don't think I personally witnessed the seizure activity, it was documented by history.

Q. Perhaps I didn't clarify the question, so you clarified it by your answer. There is some anecdotal history from the residents and other physicians contained in some records, correct?

A. correct.

Q. You are stating you never saw him have seizure activity?

A. Correct.

Q. From reviewing the final hospitalization of June 28, 1995, do you have an opinion, Doctor, as to whether or not Kristopher experienced a seizure during that last confinement?

A. It appears to be when he died, a few minutes before he died, it appeared in the description from the resident's notes looks like probably he had a seizure.

Q. Are you saying that was a few minutes before he died?

A. Correct.

Q. can you refer for me to which resident's note you're commenting upon?

A. I can look at the notes.

Q. I actually have a pretty good --

MR. CULLEN: Do you have it there?

MISS KOLIS: I have the progress notes.

A. I think 7-1-1995, 2:00 a.m.

Q. 2:00 a.m. in the morning?

A. Yes.

Q. There are a lot of notes that day. You're referring to the surgery note?

A. Yes, surgical notes.

Q. You were out of town at this time, did I understand this correctly?

A. Correct.

Q. what in this note gives you the impression that there was an actual seizure which occurred?

A. I think the patient with seizure activity at 1:30, that description what he described, he doesn't give the exact what the patient did at that time.

Q. Is there anything else in the progress notes that gave you the impression that there was a seizure?

A. No.

Q. Were you able to speak with any of the residents? Is this a resident's signature? I don't know whose

signature this is, do you?

A. I don't know. I think that is probably a surgical resident.

Q. That's your best guess?

A. That's what I think most likely.

Q. Were you able to speak with that surgical resident at any time after Kristopher died?

A. No.

Q. Regarding what he or she actually observed?

A. No.

Q. The reason I would ask that -- we're going to skip around, mostly because I have a sinus infection, that is the easier way to do it.

It's clear obviously after Kristopher died you had some meetings with the Vargos?

A. Correct.

Q. what did you recall being the purpose of those meetings, Doctor?

A. Mom wanted to know what exactly happened at the time of death, She wanted a meeting with me and with Dr. Timmons, so we met after the -- I don't know the exact date, I think it was -- I have in my chart I think it's on --

MR. CULLEN: That's okay, she's got the chart.

A. On 7-19-95 I had a meeting with mom and Dr. Timmons and myself.
Q. In anticipation of that meeting would you have reviewed the hospital chart?
A. I don't think I reviewed the chart at the time.
Q. Did you at some time after he died review the chart so you could answer Mr. and Mrs. Vargos' inquiries to you regarding the probable cause of death for Kristopher?
A. I don't recall if I reviewed the chart, I'm sorry, I don't know.
Q. I don't mean to be impertinent, if their purpose was to discuss with you the cause of his death, you wouldn't have been able to do that without reviewing the medical material, would you?
MR. CULLEN: I don't think he said they wanted to know what the cause of death was.
Q. YOU said mom wanted to know what happened?
A. she wanted to talk to me. Only after coming here talking to her I came to know what she wanted to know.
Q. That was not the only meeting you had with her, correct?
A. I had a meeting after that with Mr. consadine, which is the president of the hospital, mom and myself. That is maybe a few days, I don't know exact the date, a

few days after the meeting with Dr. Timmons.

Q. Doctor, do you have a recollection of offering Mr. or Mrs. Vargo at any time after Kristopher's death your opinion as to the most likely cause of his death?

A. I don't think I offered any opinion at that time.

Q. Do you recall that they asked you for one?

A. I don't think they asked me, I don't remember.

Q. Do you have a recollection of advising them as to a doctor that they could contact for an answer to their question?

A. They asked me whether they can contact Dr. Baukman who was the previous surgeon here before Dr. Muakkassa's practice to talk to him about the case, that he can come and see, view the case.

Q. Did you facilitate that conversation?

A. I did. I called Dr. Baukman.

Q. To ask him if he would do this?

A. Correct.

Q. Do you have a recollection whether he agreed to do it?

A. He didn't want to do it.

Q. Past that did you offer Mrs. vargo any further advice in terms of resolving her questions?

A. I think I called her back saying Dr. Baukman didn't want to review the case, I told her about that.

Q. Did you read any of the nursing notes in this chart?

A. I may have read it, I don't have a recollection.

Q. As a child neurologist, I gather that you would know what decerebrate or decorticate posturing from brain swelling would look like in a child; would you agree with that?

A. Yes.

Q. If a child had a brain swelling, began posturing because of it, would that or could that appear to someone who is untrained to be seizures?

A. correct.

Q. Tell me to the best of your ability what a child experiencing decerebrate posturing would look like clinically?

A. It would look like flexing the arms, extending the legs, may suggest decerebrate posturing.

Q. In addition to the clinical appearance, what physiological changes would you expect a child who was suffering from brain swelling, who was posturing, to be going through?

A. Rephrase the question.

Q. I asked a complicated question that could be put forward in a simple manner.

In a child experiencing brain swelling,

they are posturing, would you expect change in their respirations?

A. correct.

Q. In which direction?

A. It could be shallow, it could be rapid.

Q. Either way?

A. Right.

Q. what about the child's pulse?

A. Pulse can go rapid or low.

Q. what about the child's heart rate?

A. Also can go up and low.

Q. So, with a decorticate or decerebrate posturing episode you can change all of those vitals on the high or low side?

A. Correct.

Q. In your opinion as a child neurologist, do the changes on the high or low side reflect any specific underlying clinical condition, or it just randomly happens?

A. I'm sorry?

Q. As you just said, when a child is posturing due to brain swelling, they experience a high or low pulse, high or low respiration, high or low heart rate, that fairly summarizes what we just discussed?

A. Yes.

Q. would a child who tends to go on the low side in those three categories indicate anything about the brain swelling or the process that was going on, or is it all just truly random?

A. I think it can be random.

Q. Was anyone from your service called in at this 1:30 time to attend to or observe the child to the best of your knowledge?

MR. CULLEN: You want to take a look?

A. I think they -- I don't know the exact time they called Dr. Enlow, who was an associate at the time who was on call.

Q. He got the call because he was on call?

A. He was on call.

Q. I don't recognize Dr. Enlow's handwriting, you might need to help me out. Is there a note?

A. I think the resident called and talked to him over the phone, I think. There is a note written by a resident here.

Q. Is that the 1800 note, 7-1-95, 1800?

A. on 7-1-95 the note is timed 1800 which is 6:00 in the evening.

MR. CULLEN: Do you have it there, Donna?

MISS KOLIS: Yes, I have the note. I don't see the reference to Dr. Enlow, if he could show it to me that would be fine.

A. Yes.

Q. It's not the 1800 note?

MR. CULLEN: 5:30.

Q. Dr. Enlow in a.m. before doses?

A. Did you --

Q. so, that indicates —

MR. BEST: what note?

MISS KOLIS: 7-1-95 at 5:30 in the morning, unfortunately the copy I have isn't Bates stamped.

A. I think they mentioned before Dr. Muakkassa notified Dr. Enlow, talked to by surgical resident.

MR. BEST: No, there is a 5:30 a.m., 5:00 a.m. and 12:20.

THE WITNESS: It's a 5:30. I'm not sure, the print is not clear.

MISS KOLIS: could be 3:30.

THE WITNESS: could be 3:30.

MR. SIMON: Yes, 3:30, that is what threw me.

Q. Doctor, you see a note in the chart from Dr. Enlow showing he came in?

A. I got that.

Q. Fair enough, just asking.

MR. SIMON: To make things clearer, in the note we were looking at 7-1-95, Dr. Enlow is mentioned again, which would have preceded that.

Q. Doctor, in the spring of 1995, again we can point out some dates in a few minutes, did you come to have an impression that Kristopher might be suffering from a shunt malfunction?

A. I think he got admitted a couple of times before the last admission. If I remember correctly the April admission he came in with seizures and migraines, at the time the question of shunt problem was there. In May also was admitted for headaches, that's mainly for bad headaches at that time, that is also questionable shunt problem at that time.

Q. Tell me your perspective as a pediatric neurologist of the signs and symptoms of a shunt malfunction?

A. shunt malfunctions present with headache, vomiting, drowsiness and sleepiness, could be swelling along the shunt which is usually persistent until you replace the shunt or take care of the problem from the shunt.

Q. Kristopher presented to you with that constellation of symptoms in the Spring of 1995?

A. I think he presented with symptoms of headache and vomiting. At that time I was not sure what was going on so people with shunt malfunction usually have persistent headache and vomiting as I mentioned before. They continue to have symptoms until you replace the shunt or take care of the problem with the shunt.

Q. when you use the word persistent, was there something in Kristopher's presentation to you that mitigated against or made you think that maybe he didn't have a shunt malfunction?

A. well, I'm not sure whether he had -- I know at that time he didn't have shunt malfunction, persistent malfunction. I wasn't sure if it was intermittent shunt malfunction.

Q. You acknowledge intermittent malfunction does exist?

A. Yes. I'm not the person to comment on that, I'm not the neurosurgeon.

Q. You think that is best left to a neurosurgeon to comment upon?

A. I agree.

Q. In the final hospitalization for Kristopher, were you aware or did you became aware that Dr. Muakkassa

performed an externalization of the shunt?

A. Yes, in review of the notes, yes, he did perform that.

Q. Based upon the information contained in the chart, do you have an opinion as to whether or not the result of that externalization proved there was not a shunt malfunction?

MR. CULLEN: I'm going to object to that question because he just said this is better left to a neurosurgeon. Go ahead, Doctor.

Q. [redacted] you feel you cannot answer that question. I asked a different question, [redacted] asked about an intermittent malfunction.

MR. CULLEN: Maybe [redacted] wasn't following.

A. I'm sorry, repeat the question.

Q. My question was this: Based on the information contained in the chart subsequent to externalizing the shunt, do you feel that that supplied evidence that there was not a shunt malfunction?

A. I'm not the surgeon, [redacted] don't think I can answer that question.

Q. Did you tell Mrs. Vargo you couldn't tell whether or not that proved there was shunt malfunction?

A. I said I'm not sure what is going on, it was not

clear what caused the problem.

Q. Do you believe based upon your examination of Kristopher, feel free to look at your chart, in April, May and June of 1995 that Kristopher was actively experiencing a seizure disorder? If you want to go through it visit by visit that is okay with me.

-w-

Do you have an opinion based upon your office records of April, May and June of 1995, whether at that time Kristopher was actively experiencing his seizure disorder?

A. Yes, I have an opinion.

Q. what is that opinion?

A. He does not have any seizure at that time.

Q. I would like to go through a couple of your office notes from the Spring of 1995 if you don't mind.

I'm trying to do this in some sort of chronological fashion.

MR. CULLEN: starting in April?

Q. Yes, because that is what we want to look at.

You've got your notes now, I'm going to be talking about hospital notes too. If you want to help him out, I don't know. The records that I have show that on April 16, 1995 Kristopher presented to the emergency room at children's Hospital; does your chart contain summaries of hospitalizations?

MR. CULLEN: Yes, I gave him the one I copied. what is the date?

MISS KOLIS: April 16, 1995, an ER visit.

Q. You did not attend Kristopher at this ER visit; is that a fair statement?

A. Yes.

Q. The hospital however notified your office that the child was there, is that also an accurate statement?

A. I don't know.

Q. Second page says Dr. Timmons called before patient arrival, request Compazine be given. I have a better copy than you do, that's where it is.

A. Timmons was on call that day, they must have notified him.

Q. He presented with complaints of headache and vomiting, correct?

A. Correct.

Q. Prior to April of 1995 had Kristopher had difficulty with headaches?

A. I don't think so. I think previous in the hospital, the office visit --

MR. CULLEN: she is asking you about --

Q. I'm not asking you to know his whole history.

Headaches that you were aware of based on office visits?

A. He didn't have any headaches before that.

Q. So he presents to the emergency room with a headache and vomiting. They do a very brief workup it appears, I'm just saying what it appears to be, he was told to come and see you the next day, the next visit is April 17th?

A. Right.

Q. Tell me what evaluation you did of Kristopher on April 17, 1995 and what conclusion you drew about his probable or possible medical condition at that time?

A. At that time I pumped and the shunt was pumping well. He has a migraine headache for the past two days.

Q. Let me ask you about the pumping the shunt, if you do not feel qualified to answer, say so.

when you say pump the shunt, you are pushing in to see if when you push in it refills with ease, that's what you are describing?

A. Correct.

Q. Do you know or do you have an opinion as to whether or not it is possible to have a shunt malfunction but to be able to depress it, to have the pump release easily?

A. say again, you lost me please.

Q. Too many words in that sentence.

standing by itself, the fact you were able to pump well on the shunt, does that mean that there is not a shunt malfunction?

A. Correct.

Q. It does mean there is not a shunt malfunction?

A. Correct.

Q. At the time you felt perhaps he was having migraine headaches?

A. Correct.

Q. what did you prescribe for the migraines?

A. Periactin given for migraine, half a tablet twice a day.

Q. If he had a migraine headache, what period of time would you expect the Periactin to be effective in, if you know what I asked?

A. I think the Periactin takes at least three or four days to effectively control migraine.

Q. If it is a true migraine, you begin to take Periactin, you should experience relief in three to four days?

A. Generally three to four days time.

Q. Subsequent to that do you use Periactin to control the onset of migraines?

A. Correct.

Q. If it was a migraine, consistent usage of

Periactin would control symptoms of migraine?

A. Correct.

Q. That was the sum total of what your conclusion was at that time, correct?

A. Correct.

Q. Did you want the Vargos to see Dr. Muakkassa, can you tell from your chart?

A. I don't remember telling them to see Muakkassa at that time. I don't remember that.

Q. Were you aware that Kristopher was seeing Dr. Muakkassa in the Spring of 1995?

A. Yes.

Q. You were getting some consult letters?

A. Correct.

Q. The next hospitalization was an emergency room visit of May 6, 1995?

A. Right,

Q. Once again, Kristopher presents to the emergency room at Children's Hospital with complaints of headache and vomiting, correct?

A. Correct.

Q. It also adds hurts when swallows. Does that mean anything to you, a child is experiencing with headache and vomiting some sensation of hurting when swallowing, head hurts when swallowing?

A. I don't know.

Q. I'm asking, it's something that was reported. once again you were not present at the hospital at that time; am I right?

A. Correct.

Q. But the patient then did come to your office and see you the next day; is that right?

A. Right.

Q. Two days later actually. Also Kristopher had a shunt series relatively close in time to when he was there at the hospital on the 6th.

Did you get a copy of a shunt series?

A. I don't have it with me at this time.

Q. That's fine. So he comes in on the 8th, he's been on Periactin for two and a half, three weeks; is that right, maybe two and a half?

A. Yes.

Q. when you examine him, what conclusion did you draw on that visit?

A. He gets migraines, one or two a day for the past three days. That means continued to have migraines, despite Periactin. I decided probably Periactin is not working for the migraine, I started him on Inderal at that time.

Q. The Inderal was prescribed for potential coverage

for the migraine headache?

A. Correct.

Q. At that point did you suspect -- I never like to use that word, I will withdraw it.

Did you have any other thoughts as to what might be going on medically that would cause Kristopher to have headaches and vomiting?

A. Mostly migraine I think.

Q. At what point in time, you can look at your records, what point in time did you begin to suspect this might not be migraines but a shunt malfunction?

MR. BEST: can I interrupt? On my copy it's not clear this is the May 8th record, Inderal at the bottom?

MISS KOLIS: Is your date obliterated? Yes.

MR. BEST: My date is obliterated, right. I'll put it in, thanks.

A. what was the question?

Q. I know you had a series of visits with Kristopher, April and a lot of May, at what point in time did you reach the conclusion or come to a belief I suppose that this might not be migraine headaches, there might be a shunt malfunction?

A. I think he had been followed by Muakkassa, I was

comfortable he is a competent pediatric neurosurgeon, he's following for the shunt, He will be following on a regular basis. He was following at that time on a regular basis. I'm following for headache, for migraine. I didn't understand the question.

Q. Maybe I didn't ask it too well.

Did you come to have a belief or concern that there was a shunt malfunction, this was not a migraine headache?

A. I'm not sure the cause of the headache at the time.

Q. Did you tell Mrs. vargo you were concerned this might be a shunt malfunction?

A. At that time, I don't remember I talked to mom at that time or not, I don't remember a visit where I told mom about it.

Q. You just don't remember?

A. I don't remember.

Q. Let's take a look at the admission then on 5-31-1995, Kristopher comes back to the emergency room; do you have that one?

MR. CULLEN: 5-31-95?

MISS KOLIS: Yes.

Q. I can let you look at mine, it's probably just as easy.

Kristopher comes in, says chief complaint is migraine headache, lethargic today per mom, that is essentially the exam. It says to see Dr. TK, correct? Seen in ER, referred to TK?

MR. BEST: I'm sorry to interrupt, I apologize, I thought you said that lethargic today is the exam. The exam is on the next page, says alert, talks.

MISS KOLIS: I'm referring him to in the nursing triage history, that is what he and I are looking at at the moment.

MR. BEST: So there is no -- so there is no misunderstanding, you called it an exam, the chief complaint.

MISS KOLIS: I'm sorry, it says chief complaint.

A. 9 year old white male, no apparent distress.

Q. The clinical record indicates he was referred to you at this point?

A. Yes, referred to TK.

Q. It says admit, yes, on it; is that right? was that your decision to admit him based on the present symptoms or exam?

A. I don't remember.

Q. suffice it to say this ends up being an admission,

right?

A. Right.

Q. Do you have the admission?

MR. CULLEN: 5-31-95?

MISS KOLIS: Right.

Q. You probably have the summary; is that right?

A. Correct,

Q. Are you and ■ looking at the same discharge summary? Great. You might want to take a moment and read this or you might know the answer, depending on how thoroughly you looked at this this morning.

Do you agree with me that the principal diagnosis that you arrived at at that point was migraine headache with history of myelomeningocele and hydrocephalus?

A. Right.

Q. Over the course of that hospitalization that lasted from 5-31 through 6-3 did you have an opinion about Kristopher's headaches, what was causing them?

A. At that time probably the diagnosis still was migraine at that time.

Q. what was your medical explanation to yourself, obviously you just told me the diagnosis, why do you believe he continued to have headache? Let me refer to the way you wrote this, the patient was admitted in

April -- did you write this?

MR. CULLEN: Did you write that?

A. No.

Q. Did someone else write this?

A. Internal medicine resident on the floor wrote the discharge summary.

Q. Did you write a summary of this confinement?

A. I don't think I wrote -- I may have written a note on a daily basis in the hospital chart.

Q. Let me look in the hospital chart.

A. 6-1-95.

Q. I don't have that one. There it is, tucked in the wrong place.

Your note of 6-1-95 on admitting he had a headache and vomiting almost on a continuous basis for one week. Kristopher was on medication for the migraine, correct?

A. Correct.

Q. what was your explanation as to why he was on the medication, he continued to have the headache and vomiting on a continuous basis?

A. Well, I think patients with migraines, sometimes they go through exacerbation of symptoms. Migraines can get worse despite being on medicine.

Q. You continued to carry a diagnosis of migraine?

A. Correct.

Q. Did you have any conversations with Dr. Muakkassa that you recall during the time that Kristopher was in the hospital from May 31st through June I thought it was the 2nd or 3rd?

A. I don't remember.

Q. You didn't call him in for consultation or anything?

A. I think looking at the records he was seen by his associate who happened to be on call, was signed by Dr. Khayyat on 5-31-95. Was seen by him, seen by a resident and countersigned by Dr. Khayyat.

Q. Is that in the consult?

A. consult sheet.

MR. BEST: Looks like this.

Q. Did you request this consult?

A. Yes.

Q. why did you request the consult?

A. Because of any child with a headache you always worry about a shunt malfunction, you want a neurosurgical opinion for the headache.

Q. Did you see after he was discharged on 6-3 you saw Kristopher again on 6-15-95?

MR. SIMON: Back to the office notes?

MISS KOLIS: Back to the office notes. I have to go back and forth to do this chronologically.

MR. BEST: There is one for Muakkassa's partner saw this child as well.

MISS KOLIS: other than this consult now?

MR. BEST: Yes, Dr. Lax, shunt pumps down easily, refills with minimal delay, shunt tract okay, 6-3-95.

MISS KOLIS: whose signature is that?

MR. BEST: Dr. Lax, he's also a neurosurgeon, was at that time.

Q. You see him back in the office on 6-15?

A. Correct.

Q. what is this for?

A. He comes for a checkup because he was in the hospital.

MR. BEST: Can I interrupt again? I apologize. Again, I don't have dates, this is the 6-15 one?

MISS KOLIS: 24476 in handwriting above his name. They are on all of them.

MR. BEST: I don't know why on

my copy only a few of the dates came through. what was the date?

MISS KOLIS: 6-15-95.

Q. So he was set to come in for follow-up because he had been in the hospital?

A. Correct.

Q. what were his problems on that day?

A. At that time he didn't have severe headache, he had some daily headache, was taking Tegretol started in the hospital two weeks ago, he was sleeping well, had no vomiting.

Q. That seemed to be controlling the symptoms?

A. Correct.

Q. You had him scheduled to come back in about a month or so?

A. correct.

Q. You ended up admitting him on 6-28-95?

A. That's correct.

Q. He presented with complaints, the patient's complaints were headache, correct, low heart rate?

A. correct.

Q. was this the first time you were made aware of the low heart rate?

A. That's what I think,

Q. Can *you* tell, if you can't that is all right, can

you tell who saw him in the emergency room on the next page for the objective exam?

A. I can't tell because I don't know.

Q. It could have been an ER physician, correct?

A. Yeah, I don't know. could have been ER physician or resident or attending, I don't know.

Q. Does neurology have residents at the hospital?

A. Neurology has pediatric residents.

Q. People who are in pediatrics who are rotating through a neurology section; is that right?

A. Correct.

Q. So, when you admit him, what do you think the problem is, if you had an opinion at that point?

A. At that time he was admitted mainly for headaches and lethargy, low heart rate, wasn't sure if you're dealing with a cardiac problem or shunt problem.

Q. In the time that Kristopher was your patient before this hospitalization, did you have any indication that he had a heart problem of any sort?

A. On the previous admission, without reviewing the records, one of the residents noted irregular heart rate by the resident, so I got an EKG done at that time in the hospital. EKG was normal. short sinus arrhythmia which is a normal finding in children.

Q. Did you yourself examine his heart?

A. I don't remember examining the heart at the time.

Q. The resident picked it up by listening?

A. one of the ER physicians noted in the chart irregular heart rate.

Q. The EKG indicated it was a normal sinus rhythm?

A. Correct.

Q. Prior to this particular admission nothing in his medical history that suggested a heart problem that you were aware of?

A. Correct.

Q. Did you write those admit notes in the order section?

A. I think the resident wrote the admitting orders.

Q. would the resident have called you to confirm this is what you would want done if he's admitted to your service?

MR. BEST: Can you show me what you are referring to?

MISS KOLIS: I'm sorry.

MR. BEST: Sorry.

MISS KOLIS: In the order section.

MR. BEST: Thank you.

A. Yes.

Q. Go through this: Diagnosis is headaches,

bradycardia, can you tell me what this says, connected, I don't know what that is?

A. connected, 6-30-95.

Q. Do you know whose initials those are?

A. My feeling they are connected, the heart leads, because of bradycardia.

MR. CULLEN: Let's not guess. Do you know whose initials those are? we will find out by the person.

Q. Do you have any clue for me who JS might be?

A. I don't know.

Q. You can't tell me what connected means?

A. I don't know.

Q. whether you assume that says headache or bradycardia are connected or something else?

A. I don't know.

Q. Fair enough.

At that point it's indicated that a cardiology consult is being requested, correct?

A. Correct.

Q. Doctor, do you know if that was your suggestion?

A. Correct.

Q. You wanted that because he's got the low heart rate?

A. Correct.

Q. I gather that you came in and saw him then on the 28th?

A. Correct.

Q. what did your physical examination reveal to you? It's a pretty brief note, see what you can remember.

MR. CULLEN: Read from his note.

Q. Typed note 7-29-95?

A. At this time headache, was admitted to -- headache and low heart rate, heart rate around 48, no vomiting or fever, CT normal, neurosurgeon to see today, will have a cardiology consult for low heart rate.

Q. why did you want the neurosurgeon to see Kris?

A. Any kid with a headache, persistent headache is always worried about shunt malfunction.

Q. Do you remember talking to Mrs. Vargo that day about that you were going to have some consult to try to sort out these issues?

A. Yes, I talked to her the morning of admission, yes.

Q. If I follow the history, at that point you were getting ready to go out of town; is that correct?

A. Right.

Q. Based on the order section, was it your decision to transfer him to Dr. Muakkassa's service?

A. Correct.

Q. Can you explain in the easiest terms as possible why you thought he should be on the neurosurgery service at that time?

A. At that time I thought the problem probably was the shunt at the time. I thought Muakkassa has been following the patient for a long time, he knows the patient very well, at that time a diagnosis probably shunt malfunction, that would be the best person to take it up at the time was Dr. Muakkassa.

Q. Did you talk with the cardiologist after the fact? I guess you left town, unfortunately while you were out of town Kristopher passed away; is that correct?

A. Yes, I think.

Q. Did you after the fact talk to the cardiologist?

A. I don't remember, sorry. I don't remember talking to the cardiologist.

Q. Doctor, in the meetings that occurred between yourself, Dr. Timmons and the vargos and then yourself, Mr. consadine, and then at one meeting Dr. Muakkassa; did I get that right?

A. correct.

Q. At any time did the vargos ever demand money from the hospital or the doctors in those meetings?

A. No, I don't think so.

Q. Their purpose as you stated much earlier in the

deposition was to try to find out what happened; is that correct?

A. That's right.

MISS KOLIS: Doctor, I do not have any further questions to ask you.

MR. CULLEN: we'll read it if it's typed up.

(Deposition concluded; signature not waived.)

ERRATA SHEET

NOTATION	PAGE/LINE

I have read the foregoing transcript and the same is true and accurate.

THIRUVENGADA KULASEKARAN, M.D.

The State of Ohio,

County of Cuyahoga. : CERTIFICATE:

I, Constance Campbell, Notary public within and for the State of Ohio, do hereby certify that the within named witness, THIRUVENGADA KULASEKARAN, M.D. was by me first duly sworn to testify the truth in the cause aforesaid; that the testimony then given was reduced by me to stenotypy in the presence of said witness, subsequently transcribed onto a computer under my direction, and that the foregoing is a true and correct transcript of the testimony so given as aforesaid.

I do further certify that this deposition was taken at the time and place as specified in the foregoing caption, and that I am not a relative, counsel or attorney of either party, or otherwise interested in the outcome of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, this 5th day of May, 1999.

Constance Campbell, stenographic Reporter,
Notary Public/State of Ohio.
Commission expiration: January 14, 2003.

'
'71
[1] 7:3
'73
[2] 7:3 7:13
'76
[1] 7:13
'77
[1] 7:25
'78
[2] 7:25 8:8
'81
[1] 8:8

1
12:20
[1] 22:17
13
[1] 12:5
14
[1] 47:24
15
[1] 11:21
1501
[1] 2:16
16
[2] 26:23 27:3
17
[1] 28:10
17th
[1] 28:7
1800
[4] 21:21 21:21 21:22 22:5
1968
[1] 6:14
1969
[1] 6:14
1976
[1] 7:19
1981
[2] 6:4 10:18
1988
[3] 11:25 13:7 13:20
1995
[13] 13:8 14:15 23:7 24:2 26:4 26:8 26:15 26:23 27:3 27:19 28:10 30:11 30:16
1999
[2] 1:19 47:19
1:30
[2] 15:18 21:7

2
2003
[1] 47:24
216
[3] 2:8 2:18 3:9
241-5310
[1] 2:18
24476
[1] 38:23
248-7906
[1] 3:9
28
[1] 14:15
28th
[1] 43:2
2:00
[3] 1:20 15:7 15:8
2nd
[1] 37:5

3
3-0
[1] 12:6
30
[3] 11:21 12:4 12:6
300
[1] 1:18
31st
[1] 37:4
330
[1] 2:6
34305
[1] 3:7
3:30
[3] 22:20 22:21 22:22
30TH
[1] 1:19
3rd
[1] 37:5

4
44113
[1] 2:7
44114
[1] 2:17
44139
[1] 3:8
44333
[1] 3:16
48
[1] 43:9
4900
[1] 3:15

5
5
[1] 4:4
5-31
[1] 35:18
5-31-1995
[1] 33:20
5-31-95
[3] 33:22 35:4 37:11
5:00
[1] 22:17
5:30
[4] 22:6 22:11 22:17 22:18
5th
[1] 47:19

6
6
[1] 30:16
6-1-95
[2] 36:11 36:14
6-15
[2] 38:15 38:22
6-15-95
[2] 37:23 39:3
6-28-95
[1] 39:17
6-3
[2] 35:18 37:22
6-3-95
[1] 38:10
6-30-95
[1] 42:3
6-4-1988
[1] 11:8
6:00
[1] 21:22
6th
[1] 31:11

7
7-1-1995
[1] 15:7
7-1-95
[4] 21:21 21:22 22:11 23:4
7-19-95
[1] 17:1
7-29-95
[1] 43:7

8
861-4300
[1] 2:8
8th
[2] 31:14 32:13

9
9
[1] 34:17

_
[18] 46:3 46:4 46:5 46:6 46:7 46:8 46:9 46:10 46:11 46:12 46:13 46:14 46:15 46:16 46:17 46:18 46:19 46:20
[1] 46:24
[18] 46:3 46:4 46:5 46:6 46:7 46:8 46:9 46:10 46:11 46:12 46:13 46:14 46:15 46:16 46:17 46:18 46:19 46:20

A
A.m.
[4] 15:7 15:8 22:7 22:17
Ability
[1] 19:13
Able
[8] 11:24 12:7 12:13 15:24 16:6 17:14 28:22 29:2
Academic
[1] 7:10
Accurate
[2] 27:9 46:22
Acknowledge
[1] 24:17
Action
[1] 47:16
Actively
[2] 26:4 26:9
Activity
[5] 12:9 12:24 14:5 14:12 15:18
Actual
[1] 15:17
Addition
[2] 19:13 19:18
Additional
[1] 7:24
Address
[1] 5:15
Adds
[1] 30:22
Administratrix
[1] 1:6
Admission
[8] 23:12 23:13 33:19 34:25 35:3 40:20 41:7 43:18
&hit
[4] 34:21 34:22 40:12 41:11
Admitted
[6] 23:11 23:15 35:25 40:14 41:15 43:8
Admitting
[3] 36:14 39:17 41:13

Advice
[2] 11:14 18:23
Advising
[1] 18:8
Affixed
[1] 47:18
Aforesaid
[2] 47:7 47:11
Age
[1] 5:2
Ago
[1] 39:10
Agree
[3] 19:7 24:23 35:12
Agreed
[1] 18:19
Agreement
[1] 1:20
Ahead
[2] 14:1 25:10
Akron
[6] 1:19 3:16 5:18 7:17 8:16 11:8
Al
[1] 1:10
Alert
[1] 34:8
Almost
[1] 36:15
American
[1] 7:6
Anecdotal
[1] 14:7
Answer
[7] 14:7 17:7 18:9 25:11 25:21 28:15 35:10
Anticipation
[1] 17:3
Anyplace
[1] 8:19
Apologies
[1] 5:9
Apologize
[2] 34:6 38:21
Apparent
[1] 34:17
Appear
[1] 19:10
Appearance
[1] 19:18
APPEARANCES
[2] 2:1 3:1
Appeared
[1] 14:19
APPENDIX
[1] 4:12
April
[12] 1:19 23:12 26:3 26:8 26:18 26:23 27:3 27:19 28:7 28:10 32:21 36:1
Arms
[1] 19:16
Arrhythmia
[1] 40:23
Arrival
[1] 27:12
Arrived
[1] 35:13
Ascertain
[1] 11:24
Assistant
[2] 6:16 10:14
Associate
[2] 21:12 37:10
Assume
[1] 42:14
Attend
[2] 21:7 27:5
Attending
[1] 40:6
Attorney
[3] 5:19 10:25 47:15
Attribute
[1] 12:14
Avenue
[1] 2:16
Aware
[6] 24:25 24:25 28:1 30:10 39:22 41:9

B

Babies
[1] 6:24
Background
[2] 9:16 11:25
Bad
[1] 23:15
Based
[8] 11:5 25:4 25:17 26:2 26:7 28:1 34:22 43:23
Basis
[5] 33:3 33:4 36:9 36:15 36:21
Bates
[1] 22:12
Bath
[1] 3:15
Baukman
[7] 10:7 10:9 11:8 11:11 18:11 18:16 18:24
Became
[2] 11:6 24:25
Becoming
[2] 9:17 9:23
Bedtime
[1] 11:22
Began
[1] 19:9
Begin
[2] 29:18 32:10
BEHALF
[4] 2:2 2:11 3:2 3:12
Belief
[2] 32:22 33:7
Best
[21] 3:14 16:4 19:13 21:7 22:10 22:16 24:21 32:12 32:17 34:5 34:12 37:15 38:4 38:8 38:13 38:20 38:25 41:17 41:20 41:23 44:3
Bet
[1] 5:19
Better
[2] 25:9 27:12
Between
[3] 12:18 13:7 44:17
Bifida
[3] 9:20 9:22 10:5
Birth
[1] 6:24
Board
[3] 8:11 8:13 8:14
Boarded
[1] 8:10
Born
[1] 6:24
Bottom
[1] 32:14
Bradycardia
[3] 42:1 42:6 42:15
Brain
[6] 19:6 19:9 19:20 19:25 20:22 21:2
Brief
[3] 5:10 28:4 43:5
Briefly
[1] 5:23
Brings
[1] 12:24
Building
[1] 2:6

C

Cannot
[1] 25:11
Caption
[1] 47:14
Cardiac
[1] 40:16
Cardiologist
[3] 44:10 44:14 44:16
Cardiology
[2] 42:19 43:11
Care
[2] 23:24 24:8
Carefully
[1] 10:22
Carry
[1] 36:25
Case
[6] 1:8 9:1 9:11 18:13 18:14 18:25
Cases
[4] 9:3 9:6 9:11 13:13
Categories
[1] 21:2
Caused
[1] 26:1
Causes
[3] 13:1 13:12 13:16
Causing
[1] 35:19
Certainty
[1] 10:4
CERTIFICATE
[1] 47:2
Certification
[2] 8:11 8:13
Certifications
[1] 8:14
Certified
[1] 5:5
Certify
[2] 47:4 47:12
Change
[2] 20:1 20:13
Changes
[2] 19:19 20:17
Chart
[20] 11:1 11:4 11:5 13:25 16:22 16:25 17:4 17:5 17:7 17:10 19:2 22:24 25:4 25:18 26:3 26:24 30:7 36:9 36:10 41:3
Checkup

[1] 38:18
Chief
[3] 34:1 34:14 34:16
Child
[16] 10:1 11:25 19:4 19:6 19:9 19:13 19:19 19:25 20:16 20:21 21:1 21:7 27:9 30:23 37:19 38:5
Child's
[2] 20:8 20:10
Children
[2] 9:19 40:24
Children's
[8] 5:18 6:2 8:19 10:8 10:14 11:7 26:24 30:19
Chronological
[1] 26:17
Chronologically
[1] 38:3
Civil
[2] 1:16 5:4
Clarified
[1] 14:7
Clarify
[1] 14:6
Clear
[4] 16:14 22:19 26:1 32:13
Clearer
[1] 23:4
Clearly
[1] 13:8
Cleveland
[4] 2:7 2:17 3:8 47:18
Clinical
[3] 19:18 20:18 34:18
Clinically
[1] 19:15
Close
[1] 31:10
Clue
[1] 42:10
College
[1] 6:10
Comfortable
[1] 33:1
Coming
[1] 17:19
Commencing
[1] 1:20
Comment
[2] 24:19 24:22
Commenting
[1] 14:25
Commission
[1] 47:24
COMMON
[1] 1:4
Comparable
[1] 7:6
Compazine
[1] 27:12
Competent
[1] 33:1
Complaint
[3] 34:2 34:14 34:16
Complaints
[4] 27:16 30:19 39:19 39:20
COMPLETE
[1] 4:12
Complicated
[1] 19:23
Computer
[1] 47:9
Concern
[1] 33:7
Concerned
[1] 33:12
Concluded
[2] 12:17 45:9
Conclusion
[4] 28:10 30:3 31:18 32:22
Condition
[2] 20:18 28:11
Confined
[1] 8:22
Confinement
[2] 14:17 36:7
Confirm
[1] 41:14
Connected
[5] 42:1 42:3 42:5 42:12 42:15
Consadine
[2] 17:23 44:19
Consistent
[1] 29:25
Constance
[3] 1:16 47:3 47:22
Constellation
[1] 24:2
Consult
[11] 11:8 11:9 30:13 37:13 37:14 37:16 37:18 38:7 42:19 43:11 43:16
Consultation
[1] 37:7
Contact
[2] 18:9 18:11
Contain
[1] 26:25
Contained
[3] 14:9 25:4 25:18
Continue
[3] 11:20 11:22 24:7
Continued
[4] 31:21 35:24 36:20 36:25
Continuing
[2] 9:8 9:10
Continuous
[2] 36:15 36:21
Control
[3] 29:17 29:22 30:1
Controlling
[1] 39:12
Conversation
[1] 18:15
Conversations
[1] 37:2
Copied
[1] 27:2
Copy
[6] 10:25 22:12 27:13 31:12 32:13 39:1
Correct
[72] 6:14 6:15 6:17 7:4 7:5 7:9 7:12 7:14 7:16 7:19 7:20 7:23 8:1 8:3 8:5 8:7 8:9 8:18 8:24 14:9 14:10 14:13 14:23 15:15 16:16 17:22 18:18 19:12 20:3 20:15 27:17 27:18 28:19 29:4 29:6 29:9 29:24 30:2 30:4 30:5 30:14 30:20 30:21 31:5 32:2 34:4 35:7 36:17 36:18 37:1 38:16 39:6 39:13 39:16 39:18 39:20 39:21 40:4 40:11 41:6 41:10 42:19 42:20 42:22 42:25 43:3 43:21 43:25 44:12 44:21 45:2 47:10
Correctly
[3] 12:11 15:14 23:12
Counsel
[2] 1:21 47:14
Countersigned
[1] 37:12
County
[2] 1:2 47:2
Couple
[2] 23:11 26:14
Course
[1] 35:17
COVER
[1] 4:14
Coverage
[1] 31:25
Cross-examination
[4] 1:15 4:4 5:3 5:12
CT
[1] 43:10
Cullen
[22] 3:5 5:21 7:17 9:4 9:7 15:3 16:24 17:16 21:9 21:24 22:6 25:8 25:14 26:18 27:1 27:23 33:22 35:4 36:2 42:7 43:6 45:6
CV
[2] 5:20 8:10

D

Daily
[2] 36:9 39:9
Date
[7] 13:7 16:22 17:25 27:2 32:15 32:17 39:2
Dates
[3] 23:8 38:21 3[illegible]1
David
[1] 3:14
Days
[8] 17:25 18:1 2[illegible]13 29:17 29:20 29:21 31:9 31:21
Dealing
[1] 40:16
DEAN
[1] 3:3
Death
[8] 13:8 13:20 16:20 17:8 17:13 17:17 18:3 18:4
Deceased
[1] 1:7
Decerebrate
[4] 19:5 19:14 1[illegible]

17 20:12
Decided
[1] 31:22
Decision
[2] 34:22 43:23
Decorticate
[2] 19:5 20:12
Defendant
[3] 1:14 2:11 5:2
Defendants
[2] 1:10 3:2
Delay
[1] 38:9
Demand
[1] 44:22
Deposition
[5] 1:13 5:9 45:1 45:9 47:12
Depress
[1] 28:22
Described
[1] 15:19
Describing
[1] 28:18
Description
[2] 14:19 15:19
Despite
[2] 31:22 36:24
Determine
[1] 12:8
Determined
[1] 13:2
Diagnosis
[8] 12:13 13:9 35:13 35:20 35:23 36:25 41:25 44:7
Died
[6] 14:18 14:19 14:22 16:7 16:15 17:6
Difference
[1] 12:18
Different
[1] 25:12
Difficulty
[1] 27:20
Direction
[2] 20:4 47:10
Director
[1] 10:14
Discharge
[2] 35:8 36:6
Discharged
[1] 37:22
Discuss
[1] 17:13
Discussed
[1] 20:24
DISK
[1] 4:14
Dislike
[1] 8:25
Disorder
[14] 11:23 12:19 12:21 12:23 12:25 13:3 13:4 13:6 13:10 13:13 13:16 13:18 26:5 26:10
Distress
[1] 34:17
Doctors
[1] 44:23
Document
[1] 13:23
Documented
[2] 14:3 14:5
Done
[3] 13:25 40:22 41:15
Donna
[3] 2:4 2:5 21:25
Doses
[1] 22:7
Down
[1] 38:9
Draw
[1] 31:18
Drew
[1] 28:10
Dropped
[1] 9:11
Drowsiness
[1] 23:22
Due
[1] 20:21
Duly
[2] 5:4 47:6
During
[3] 13:19 14:16 37:3

E

Ease
[1] 28:18
Easier
[1] 16:13
Easiest
[1] 44:1
Easily
[2] 28:23 38:9
Easy
[1] 33:25
Effective
[1] 29:14
Effectively
[1] 29:17
Either
[3] 9:13 20:6 47:15
EKG
[3] 40:22 40:23 41:5
Emergency
[7] 14:4 26:24 28:3 30:15 30:18 33:20 40:1
Ended
[1] 39:17
Ends
[1] 34:25
Enlow
[6] 21:12 22:2 22:
Enlow s
[1] 21:16
Episode
[1] 20:13
ER
[6] 27:4 27:5 34:4 40:4 40:5 41:3
Essentially
[1] 34:3
Establish
[1] 13:8
ESTATE
[1] 1:6
Et
[1] 1:10
Euclid
[1] 2:16
Evaluation
[1] 28:9
Evening
[1] 21:23
Evidence
[1] 25:19
Exacerbation
[1] 36:23
Exact
[4] 15:20 16:22 17:25 21:11
Exactly
[1] 16:19
Exam
[6] 34:3 34:7 34:7 34:13 34:23 40:2
Examination
[2] 26:2 43:4
Examine
[2] 31:18 40:25
Examined
[1] 5:5
Examining
[1] 41:1
EXHIBITS
[1] 4:7
Exist
[1] 24:18
Expect
[3] 19:19 20:1 29:14
Experience
[2] 20:22 29:19
Experienced
[1] 14:16
Experiencing
[5] 19:14 19:25 26:5 26:9 30:23
Expiration
[1] 47:24
Explain
Explanation
[2] 35:22 36:19
Extending
[1] 19:16
Externalization
[2] 25:1 25:6
Externalizing
[1] 25:18

F

Facilitate
[1] 18:15
Facility
[1] 8:23
Fact
[3] 29:1 44:10 44:14
Fair
[3] 23:2 27:6 42:17
Fairly
[1] 20:24
Fashion
[1] 26:17
Febrile
[3] 12:16 12:18 12:25
Fellowship
[1] 8:4
Felt
[1] 29:7
Fever
[9] 11:11 11:16 11:23 12:14 12:20 12:22 12:24 13:1 43:10
Few
[7] 9:21 14:18 21 17:25 18:1 23 8 39:1
Final
[2] 14:14 24:24
Fine
[2] 22:3 31:14

First [6] 5:4 11:7 12:11 13:19 39:22 47:6
Plexing [1] 19:16
Floor [1] 36:5
Follow [3] 6:7 39:4 43:20
Follow-up [1] 39:4
Followed [1] 32:25
Following [7] 6:23 25:15 33:2 33:2 33:3 33:4 44:6
Follows [1] 5:6
Forth [1] 38:2
Forward [2] 10:18 19:24
Four [3] 29:16 29:19 29:21
Free [1] 26:3
Frequency [1] 9:18
FRIDAY [1] 1:19
Fulton [1] 2:15
Function [1] 7:10

G

Gallagher [1] 2:15
Gather [2] 19:4 43:1
Generally [1] 29:21
Given [4] 27:12 29:11 47:7 47:11
Gleaned [1] 12:7
Great [2] 11:4 35:9
Group [1] 10:13
Guarantee [1] 5:9
Guess [3] 16:4 42:7 44:11

H

Half [3] 29:11 31:15 31:16
Hand [2] 5:20 47:17
Handwriting [2] 21:16 38:23
Head [1] 30:25
Headache [28] 23:21 24:3 24:6 27:16 28:4 28:13 29:13 30:19 30:23 32:1 33:4 33:9 33:10 34:2 35:14 35:24 36:15 36:20 37:19 37:21 39:8 39:9 39:20 42:14 43:8 43:8 43:13 43:13
Headaches [11] 23:15 23:16 27:20 28:1 28:2 29:8 32:7 32:23 35:19 40:14 41:25
Heart [16] 20:10 20:23 39:20 39:23 40:15 40:19 40:21 40:25 41:1 41:4 41:8 42:5 42:23 43:9 43:9 43:11
Held [1] 10:16
Help [2] 21:17 26:22
Hereby [1] 47:4
Herein [2] 1:14 5:2
Hereinafter [1] 5:5
Hereunto [1] 47:17
High [5] 20:13 20:17 20:22 20:23 20:23
History [8] 12:7 14:5 14:8 27:25 34:10 35:14 41:8 43:20
Hold [1] 10:12
Holding [1] 10:20
Hospital [28] 5:18 6:2 6:10 8:2 8:20 10:8 10:12 10:15 11:7 13:23 17:4 17:24 26:21 26:24 27:8 27:22 30:19 31:4 31:11 36:9 36:10 37:4 38:19 39:5 39:10 40:7 40:23 44:23
Hospitalization [5] 14:14 24:24 30:15 35:17 40:18
Hospitalizations [1] 26:25
Human [1] 6:19
Hurting [1] 30:24
Hurts [2] 30:22 30:25
Hydrocephalus [1] 35:15

I

Impertinent [1] 17:12
Impression [4] 11:22 15:16 15:22 23:9
Indeed [1] 5:21
Inderal [3] 31:23 31:25 32:14
INDEX [1] 4:12
India [3] 5:25 6:13 7:4
Indicate [1] 21:2
Indicated [3] 7:15 41:5 42:18
Indicates [2] 22:9 34:18
Indication [1] 40:18
Infection [1] 16:12
Information [2] 25:4 25:17
Initials [2] 42:4 42:8
Inquiries [1] 17:7
Instance [1] 9:1
Interact [1] 9:19
Interested [1] 47:15
Intermittent [3] 24:15 24:17 25:13
Internal [1] 36:5
Interpreting [1] 11:13
Interrupt [3] 32:12 34:6 38:20
Involve [1] 9:13
Involved [1] 9:2
Irregular [2] 40:21 41:4
Issues [1] 43:17
Itself [1] 29:1

J

January [1] 47:24
Jersey [4] 6:1 7:15 8:2 8:17
Job [1] 10:19
John [2] 2:14 3:5
Join [1] 6:4
Joined [1] 10:17
JS [1] 42:10
June [4] 14:15 26:4 26:8 37:4

K

KAMEL [3] 1:9 2:12 3:12
Khayyat [2] 37:11 37:12
Kid [1] 43:13
Kind [1] 6:21
Knowledge [2] 11:24 21:8
Knows [1] 44:6
Kolis [25] 2:4 4:4 5:8 5:13 5:22 7:18 9:9 15:5 22:1 22:11

22:20 27:3 32:15 33:23 34:9 34:15 35:5 38:1 38:6 38:11 38:23 39:3 41:19 41:21 45:4
Kris
[1] 43:12
Kristopher
[33] 1:6 9:17 9:23 11:6 11:25 12:9 13:20 14:16 16:7 16:14 17:9 23:9 24:1 24:24 26:3 26:4 26:9 26:23 27:5 27:19 28:9 30:10 30:18 31:9 32:7 32:20 33:20 34:1 36:16 37:3 37:23 40:17 44:12
Kristopher's
[4] 13:8 18:3 24:10 35:19
Kulasekaran
[10] 1:13 1:18 3:3 4:2 5:1 5:8 5:16 5:17 46:25 47:5

L

Last
[2] 14:17 23:12
Lasted
[1] 35:18
Lawful
[1] 5:2
Lax
[2] 38:8 38:13
Leads
[1] 42:5
Least
[1] 29:16
Lecturer
[1] 7:11
Led
[1] 5:24
Left
[4] 10:9 24:21 25:10 44:11
Legs
[1] 19:17
Lethargic
[2] 34:2 34:7
Lethargy
[1] 40:15
Letters
[1] 30:13
Lifetime
[1] 6:21
Likely
[2] 16:5 18:4
Listening
[1] 41:2
Locust
[1] 1:18
Longitudinal
[1] 6:19
Look
[11] 15:1 19:6 19:14 19:16 21:10 26:3 26:19 32:9 33:19 33:24 36:10
Looked
[1] 35:11
Looking
[5] 6:24 23:4 34:11 35:8 37:9
Looks
[3] 7:10 14:20 37:15
Lost
[1] 28:24
Low
[14] 20:9 20:11 20:14 20:17 20:22 20:23 20:23 21:1 39:20 39:23 40:15 42:23 43:9 43:11
LPA
[1] 2:5

M

M.D.
[5] 3:3 4:2 5:1 46:25 47:5
Male
[1] 34:17
Malfunction
[23] 9:14 23:10 23:20 24:5 24:12 24:14 24:15 24:16 24:17 25:7 25:13 25:20 25:24 28:22 29:3 29:5 32:11 32:24 33:8 33:13 37:20 43:14 44:8
Malfunctions
[1] 23:21
Malpractice
[1] 9:3
Manage
[1] 10:7
Management
[1] 11:14
Manner
[1] 19:24
MARGARET
[1] 1:6
MARKED
[1] 4:7
Material
[1] 17:15
Matter
[1] 10:23
Mazanec
[1] 3:6
Mean
[6] 9:24 12:21 17:12 29:2 29:5 30:22
Means
[2] 31:21 42:12
Medical
[9] 5:25 9:2 10:23 13:13 13:17 17:15 28:11 35:22 41:8
Medically
[1] 32:6
Medication
[2] 36:16 36:20
Medicine
[3] 7:22 36:5 36:24
Meeting
[7] 16:20 17:1 17:3 17:21 17:23 18:1 44:19
Meetings
[4] 16:15 16:18 44:17 44:23
Member
[1] 10:13
Memorial
[1] 8:2
Memorized
[1] 11:3
Mentioned
[3] 22:14 23:5 24:6
Met
[1] 16:21
Might
[11] 11:3 21:17 23:9 32:6 32:11 32:23 32:23 33:13 35:9 35:10 42:10
Migraine
[19] 28:13 29:8 29:11 29:13 29:17 29:18 29:25 30:1 31:23 32:1 32:8 32:23 33:5 33:9 34:2 35:13 35:21 36:17 36:25
Migraines
[8] 23:13 29:10 29:23 31:20 31:21 32:11 36:22 36:23
Milligrams
[1] 11:21
Mind
[1] 26:15
Mine
[1] 33:24
Minimal
[1] 38:9
Minutes
[3] 14:18 14:21 23:8
Miss
[24] 4:4 5:8 5:13 5:22 7:18 9:9 15:5 22:1 22:11 22:20 27:3 32:15 33:23 34:9 34:15 35:5 38:1 38:6 38:11 38:23 39:3 41:19 41:21 45:4
Misunderstanding
[1] 34:13
Mitigated
[1] 24:11
Mom
[7] 16:19 17:1 17:18 17:24 33:14 33:16 34:2
Moment
[2] 34:11 35:9
Money
[1] 44:22
Month
[1] 39:15
Months
[1] 12:4
Morning
[5] 11:21 15:8 22:12 35:11 43:18
Most
[2] 16:5 18:4
Mostly
[2] 16:12 32:8
Muakkassa
[18] 1:9 2:12 3:12 9:22 9:24 10:1 10:6 10:9 22:14 24:25 30:6 30:8 30:11 32:25 37:2 44:5 44:9 44:19
Muakkassa's
[3] 18:12 38:5 43:24
Must
[2] 13:25 27:14
Myelomeningocele
[1] 35:14

N

Name

[3] 5:15 5:16 38:24
Pamed
[2] 9:1 47:5
Need
[2] 11:3 21:17
Neurologist
[4] 5:17 19:4 20:16 23:19
Neurology
[7] 6:3 6:6 8:12 10:14 40:7 40:8 40:10
Neurosurgeon
[8] 10:1 24:20 24:21 25:10 33:1 38:14 43:10 43:12
Neurosurgery
[1] 44:2
Neurosurgical
[1] 37:21
Never
[2] 14:11 32:3
New
[4] 6:1 7:15 8:2 8:16
Next
[6] 28:6 28:6 30:15 31:7 34:7 40:1
40.CV97064063
[1] 1:8
Normal
[4] 40:23 40:24 41:5 43:10
Norman
[1] 2:15
Notary
[3] 1:17 47:3 47:23
NOTATION
[1] 46:2
Note
[17] 14:24 15:11 15:16 21:17 21:19 21:21 21:22 22:2 22:5 22:10 22:24 23:4 36:8 36:14 43:5 43:6 43:7
Noted
[2] 40:21 41:3
Notes
[15] 13:24 14:20 15:1 15:6 15:10 15:12 15:21 19:1 25:2 26:15 26:20 26:21 37:25 38:2 41:11
Nothing
[1] 41:7
Notified
[3] 22:15 27:8 27:15
Nursing
[2] 19:1 34:10

O

Object
[1] 25:8
Objection
[4] 9:4 9:7 9:8 9:10
Objective
[1] 40:2
Obliterated
[2] 32:16 32:18
Observe
[1] 21:7
Observed
[1] 16:9
Obviously
[2] 16:14 35:23
Occasion
[1] 10:1
Occupation
[1] 5:24
Occurred
[2] 15:17 44:17
Offer
[1] 18:22
Offered
[1] 18:5
Offering
[1] 18:2
Office
[12] 11:1 13:24 26:8 26:14 27:8 27:22 28:1 31:6 37:24 38:1 38:15 47:18
Offices
[1] 1:18
Ohio
[13] 1:1 1:15 1:17 1:19 2:7 2:17 3:8 3:16 5:4 47:1 47:4 47:18 47:23
Old
[3] 12:1 12:3 34:17
Once
[3] 7:3 30:18 31:3
One
[15] 7:21 9:11 9:12 9:13 18:6 27:2 31:20 33:21 36:12 36:16 38:4 38:22 40:21 41:3 44:19
Onset
[1] 29:23
Opinion
[15] 11:14 11:17 13:3 14:15 18:4 18:5 20:16 25:5 26:7 26:11 26:12 28:20 35:18 37:21 40:13
Opportunity
[2] 9:19 10:22
Opposed
[1] 12:24
Order
[3] 41:11 41:21 43:23
ORDERED
[1] 4:14
Orders
[1] 41:13
Otherwise
[1] 47:15
Outcome
[1] 47:16

P

P.m.
[1] 1:20
Page
[4] 4:3 27:11 34:8 40:2
PAGE/LINE
[1] 46:2
Parents
[1] 12:8
Particular
[1] 41:7
Partner
[1] 38:5
Party
[2] 9:2 47:15
Passed
[1] 44:12
Past
[3] 18:22 28:13 31:20
Patient
[14] 9:18 9:23 11:6 11:7 11:19 13:9 15:18 15:20 27:11 31:6 35:25 40:17 44:6 44:7
Patient's
[1] 39:19
Patients
[7] 9:21 10:2 10:5 10:7 10:8 10:10 36:22
Pediatric
[8] 5:17 6:1 6:3 6:5 8:11 23:18 33:1 40:8
Pediatrics
[5] 7:3 7:11 7:24 8:10 40:9
People
[2] 24:5 40:9
Per
[1] 34:2
Perform
[1] 25:2
Performed
[1] 25:1
Perhaps
[2] 14:6 29:7
Periactin
[9] 29:11 29:14 29:16 29:19 29:22 30:1 31:15 31:22 31:22
Period
[2] 13:19 29:13
Persistent
[5] 23:23 24:5 24:9 24:14 43:13
Person
[3] 24:19 42:9 44:8
Personally
[1] 14:4
Perspective
[1] 23:18
Phenobarbital
[2] 11:20 11:21
Phone
[1] 21:19
Physical
[1] 43:4
Physician
[3] 5:24 40:4 40:
Physicians
[2] 14:8 41:3
Physiological
[1] 19:19
Picked
[1] 41:2
Pittsburgh
[2] 6:3 8:6
Place
[2] 36:13 47:13
Plaintiff
[4] 1:7 1:14 2:2 5:3
PLEAS
[1] 1:4
Point
[10] 23:7 32:3 32:9 32:10 32:21 34:19 35:13 40:13 42

18 43:20
Position
[1] 10:16
Positions
[1] 10:12
Possible
[3] 28:11 28:21 44:1
Postgraduate
[1] 7:2
Posturing
[8] 19:5 19:9 19:14 19:17 19:20 20:1 20:12 20:21
Potential
[1] 31:25
Practice
[8] 6:5 8:19 10:6 10:9 10:10 10:13 10:17 18:13
Preceded
[1] 23:5
Precipitated
[3] 11:23 12:20 12:22
Pregnant
[1] 6:23
Prescribe
[1] 29:10
Prescribed
[1] 31:25
Presence
[1] 47:8
Present
[4] 8:17 23:21 31:3 34:22
Presentation
[1] 24:10
Presented
[5] 24:1 24:3 26:23 27:16 39:19
Presents
[2] 28:3 30:18
President
[1] 17:24
Pretty
[2] 15:2 43:5
Previous
[3] 18:12 27:21 40:20
Principal
[1] 35:12
Print
[1] 22:19
Private
[1] 6:5
Probability
[2] 13:14 13:17
Probable
[3] 13:12 17:8 28:11
Problem
[11] 23:14 23:17 23:24 24:8 26:1 40:13 40:16 40:16 40:19 41:8 44:4
Problems
[2] 9:22 39:7
Procedure
[2] 1:16 5:4
Process
[1] 21:3
Professional
[1] 5:15
Program
[1] 7:7
Progress
[2] 15:5 15:21
Progression
[1] 7:7
Proved
[2] 25:6 25:24
Public
[2] 1:17 47:3
Public/State
[1] 47:23
Pulse
[3] 20:8 20:9 20:22
Pump
[3] 28:16 28:23 29:2
Pumped
[1] 28:12
Pumping
[2] 28:12 28:14
Pumps
[1] 38:9
Purpose
[6] 1:15 5:3 11:9 16:17 17:12 44:25
Pursuant
[3] 1:15 1:20 5:3
Push
[1] 28:17
Pushing
[1] 28:17
Put
[2] 19:23 32:18

Q

Qualified
[1] 28:15
Questionable
[1] 23:16
Questions
[2] 18:23 45:5
Quickly
[1] 14:2
Quite
[1] 5:10

R

Random
[2] 21:4 21:5
Randomly
[1] 20:18
Rapid
[2] 20:5 20:9
Raskin
[1] 3:6
Rate
[12] 6:24 20:10 20:23 39:20 39:23 40:15 40:21 41:4 42:24 43:9 43:9 43:11
Reach
[1] 32:22
Read
[7] 6:20 19:1 19:3 35:10 43:6 45:6 46:21
Reading
[1] 6:8
Ready
[1] 43:21
Really
[1] 10:4
Reason
[2] 13:6 16:11
Reasonable
[2] 13:13 13:17
Recognize
[1] 21:16
Recollection
[4] 18:2 18:8 18:19 19:3
Record
[4] 5:14 12:8 32:13 34:18
Records
[7] 10:23 14:9 26:8 26:22 32:10 37:9 40:21
Reduced
[1] 47:7
Refer
[2] 14:24 35:24
Reference
[1] 22:2
Referral
[1] 9:24
Referred
[4] 10:8 34:4 34:18 34:20
Referring
[4] 10:10 15:11 34:9 41:18
Refills
[2] 28:17 38:9
Reflect
[1] 20:17
Regarding
[2] 16:9 17:8
Regular
[2] 33:3 33:4
Relationship
[1] 9:24
Relative
[1] 47:14
Relatively
[1] 31:10
Release
[1] 28:23
Relief
[1] 29:19
Remember
[16] 12:11 18:7 23:12 30:8 30:9 33:14 33:15 33:17 33:18 34:24 37:6 41:1 43:5 43:15 44:15 44:15
Repeat
[2] 13:15 25:16
Rephrase
[2] 12:15 19:22
Replace
[2] 23:24 24:7
Reported
[1] 31:2
Reporter
[1] 47:22
Reproduction
[1] 6:19
Request
[3] 27:12 37:16 37:18
Requested
[1] 42:19
Research
[4] 6:16 6:18 6:21 7:1
Residency
[4] 6:9 7:2 7:6 7:21
Resident
[12] 16:3 16:6 21:18 21:20 22:15 36:5 37:12 40:6 40:22 41:2 41:13 41:14
Resident's
[3] 14:20 14:24 15:25

Residents
[6] 14:3 14:8 15:24 40:7 40:8 40:21
Resolving
[1] 18:23
Respiration
[1] 20:23
Respirations
[1] 20:2
Responsibilities
[1] 7:1
Result
[1] 25:5
Reveal
[1] 43:4
Review
[4] 10:23 17:6 18:25 25:2
Reviewed
[3] 17:4 17:5 17:10
Reviewing
[3] 14:14 17:14 40:20
Rhythm
[1] 41:5
Road
[2] 3:7 3:15
Room
[7] 14:4 26:24 28:3 30:15 30:19 33:20 40:1
Rotating
[1] 40:9
Rules
[2] 1:15 5:4
Rural
[2] 6:24 6:25
Rutgers
[1] 7:21
Ryder
[1] 3:6

S

Scheduled
[1] 39:14
School
[2] 5:25 7:21
Seal
[1] 47:18
Second
[1] 27:11
Section
[4] 40:10 41:12 41:22 43:23
Seeing
[1] 30:10
Seizure
[34] 11:10 11:23 12:9 12:10 12:12 12:14 12:16 12:19 12:19 12:21 12:23 12:23 12:24 12:25 12:25 13:1 13:3 13:4 13:6 13:10 13:12 13:16 13:18 13:21 14:5 14:11 14:16 14:20 15:17 15:18 15:22 26:5 26:10 26:13
Seizures
[5] 11:15 11:16 13:22 19:11 23:13
Sensation
[1] 30:24
Sentence
[1] 28:25
Series
[3] 31:10 31:12 32:20
Served
[2] 6:16 7:10
Service
[4] 21:6 41:16 43:24 44:2
Set
[2] 39:4 47:17
Settings
[4] 6:23 6:24 6:25 6:25
Settled
[1] 9:12
Severe
[1] 39:8
Shallow
[1] 20:5
Shared
[1] 9:21
Sharp
[1] 2:15
Sheet
[2] 37:14 46:1
Short
[1] 40:23
Show
[3] 22:3 26:23 41:17
Showing
[1] 22:25
Shunt
[43] 9:13 9:22 10:7 23:10 23:14 23:16 23:19 23:21 23:23 23:24 23:25 24:5 24:7 24:8 24:12 24:14 24:15 25:1 25:6 25:19 25:20 25:24 28:12 28:14 28:16 28:21 29:2 29:3 29:5 31:10 31:12 32:11 32:24 33:2 33:8 33:13 37:20 38:8 38:9 40:16 43:14 44:5 44:8
Side
[3] 20:14 20:17 21:1
Signature
[4] 15:25 16:1 38:11 45:9
Signed
[1] 37:10
Signs
[1] 23:19
Simon
[4] 2:14 22:22 23:3 37:24
Simple
[1] 19:24
Sinister
[1] 9:25
Sinus
[3] 16:12 40:23 41:5
Sitting
[1] 10:25
Skip
[1] 16:11
Sleepiness
[1] 23:22
Sleeping
[1] 39:10
Solely
[1] 12:14
Solon
[1] 3:7
Someone
[2] 19:11 36:4
Sometimes
[1] 36:22
Somewhere
[1] 11:2
Sorry
[9] 12:15 17:10 20:20 25:16 34:5 34:15 41:19 41:20 44:15
Sort
[3] 26:16 40:19 43:17
South
[1] 6:13
Speaking
[1] 6:8
Specific
[1] 20:17
Specified
[1] 47:13
Spina
[3] 9:20 9:22 10:5
Spring
[4] 23:7 24:2 26:15 30:11
SS
[1] 1:1
Stamped
[1] 22:13
Standard
[1] 2:6
Standing
[1] 29:1
Started
[4] 10:10 11:19 31:23 39:9
Starting
[1] 26:18
State
[8] 1:1 1:17 5:14 10:4 13:13 13:17 47:1 47:4
Statement
[2] 27:6 27:9
States
[1] 7:19
Stating
[1] 14:11
Stenotypy
[1] 47:8
Still
[2] 10:19 35:20
Street
[1] 1:19
Strictly
[1] 8:22
Studies
[1] 6:19
Subsequent
[3] 7:1 25:18 29:22
Subsequently
[1] 47:9
Suffering
[2] 19:20 23:9
Suffice
[1] 34:25
Sufficiently
[1] 12:13
Suggest
[1] 19:17
Suggested
[1] 41:8
Suggestion
[1] 42:21
Sum
[1] 30:3

Summaries
[1] 26:25
Summarizes
[1] 20:24
Summary
[4] 35:6 35:9 36:6 36:7
Supplied
[1] 25:19
Suppose
[2] 6:21 32:22
Surgeon
[2] 18:12 25:21
Surgery
[1] 15:11
Surgical
[4] 15:12 16:2 16:6 22:15
Suspect
[2] 32:3 32:10
Swallowing
[2] 30:24 30:25
Swallows
[1] 30:22
Swelling
[7] 19:6 19:9 19:20 19:25 20:22 21:3 23:22
Sworn
[2] 5:5 47:6
Symptoms
[8] 23:19 24:2 24:3 24:7 30:1 34:23 36:23 39:12

T

Tablet
[1] 29:11
Talks
[1] 34:8
Taylor
[11] 2:4
Taylor-Kolis
[2] 2:4 2:5
Tegretol
[1] 39:9
Tendency
[1] 12:23
Tends
[1] 21:1
Terms
[3] 7:7 18:23 44:1
Testified
[1] 5:6
Testify
[1] 47:6
Testimony
[2] 47:7 47:11
Thiruvengada
[8] 1:13 1:18 3:3 4:2 5:1 5:16 46:25 47:5
Thoroughly
[1] 35:11
Thoughts
[1] 32:5
Three
[7] 6:3 21:2 29:16 29:19 29:21 31:15 31:21
Threw
[1] 22:23
Timed
[1] 21:22
Timmons
[10] 3:3 5:10 6:5 10:18 16:21 17:2 18:1 27:11 27:14 44:18
TK
[3] 34:3 34:4 34:20
Today
[3] 34:2 34:7 43:10
Took
[1] 10:9
Total
[1] 30:3
Town
[4] 15:13 43:21 44:11 44:12
Tract
[1] 38:10
Training
[5] 5:24 6:1 6:3 6:9 7:2
Transcribed
[1] 47:9
Transcript
[2] 46:21 47:11
Transfer
[1] 43:24
Treat
[1] 10:2
Treatment
[3] 11:17 11:18 13:9
Triage
[1] 34:10
True
[3] 29:18 46:22 47:10
Truly
[1] 21:4
Truth
[1] 47:6
Try
[2] 43:16 45:1
Trying
[1] 26:16
Tucked
[1] 36:12
Turn
[1] 5:19
Twice
[1] 29:11
Two
[8] 6:1 9:11 28:13 31:9 31:15 31:16 31:20 39:10
Typed
[2] 43:7 45:7

U

Under
[1] 47:9
Underlying
[1] 20:18
Unfortunately
[2] 22:12 44:11
United
[1] 7:19
University
[1] 8:6
Untrained
[1] 19:11
Up
[9] 12:13 13:5 20:11 34:25 39:4 39:17 41:2 44:9 45:7
Urban
[2] 6:23 6:25
Usage
[1] 29:25

V

Vargo
[8] 1:6 1:7 9:17 18:3 18:22 25:23 33:12 43:15
Vargos
[4] 16:15 30:6 44:18 44:22
Vargos'
[1] 17:7
Vellore
[2] 6:10 7:3
View
[1] 18:14
Visit
[9] 26:6 26:6 27:4 27:5 27:22 28:6 30:16 31:19 33:15
Visits
[3] 13:23 28:1 32:20
Vitals
[1] 20:13
Vomiting
[12] 23:22 24:4 24:6 27:17 28:4 30:20 30:24 32:7 36:15 36:21 39:1 43:9
Vs
[1] 1:8

W

Waived
[1] 45:9
Week
[1] 36:16
Weeks
[2] 31:15 39:10
West
[1] 3:15
White
[1] 34:17
Whole
[1] 27:25
Withdraw
[1] 32:4
Witness
[6] 4:2 22:18 22:21 47:5 47:8 47:1
Witnessed
[1] 14:4
Women
[1] 6:23
Word
[2] 24:9 32:4
Words
[1] 28:25
Workup
[1] 28:4
Worried
[1] 43:14
Worry
[1] 37:20
Worse
[1] 36:24
Write
[5] 36:1 36:2 36:4 36:7 41:11
Written
[2] 21:19 36:8
Wrote
[4] 35 25 36:5 36:8 41:13

Y

Year
[3] 7:21 7:24 34:17
Years
[2] 6:1 6:4
Yourself

[4] 35:22 40:25
44:18 44:18