Page :

IN THE COURT OF COMMON PLEAS
OF CUYAHOGA COUNTY, OHIO
- - - - -
DIANE COLVIN, ADMINISTRATOR
OF THE ESTATE OF GREGORY
COLVIN,
Plaintiff,
vs. Case No.
KEITH KRUITHOFF, M.D.,
ET AL., 388614
Defendants.
- - - - -
DEPOSITION OF DAVID LONGWORTH, M.D.
Thursday, July 6, 2000
- - - - -
Deposition of DAVID LONGWORTH, M.D., a Witness herein, called by the Plaintiff for examination under the statute, taken before me, Karen M. Patterson, a Registered Merit Reporter and Notary Public in and for the State of Ohio, pursuant to notice and stipulations of counsel, at the offices of Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, Ohio, at 1:35 o'clock p.m. on the day and date set forth above.

Page 2

APPEARANCES:

On behalf of the Plaintiff

Becker & Mishkind Co., L.P.A., by
JEANNE TOSTI, ESQ
Suite 660 Skylight Office Tower
1660 West 2nd Street
Cleveland, Ohio 44113
(216) 241-2600

On behalf of the Defendant Cleveland Clinic Foundation:

STEPHEN A. SKIVER, ESQ.
30025 E. River Road
Perrysburg, Ohio 43551
(419) 666-3417

On behalf of the Defendant Keith Kruithoff, M.D.:

Bonezzi Switzer Murphy & Polito Co., L.P.A., by
JOHN S. POLITO, ESQ.
Leader Building, Suite 1400
526 Superior Avenue
Cleveland, Ohio 44114-1491
(216) 875-2767

On behalf of the Defendant Ohio Permanente Medical Group:

Roetzel & Andress, by
ANNA MOORE CARULAS, ESQ
1375 East 9th Street
Cleveland, Ohio 44114
(216) 623-0150

Page 3

(Thereupon, PLAINTIFF'S Deposition Exhibit 1 was mark'd for purposes of identification.)

- - - - -

DAVID LONGWORTH, M.D., of lawful age, called for examination, as provided by the Ohio Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposed and said as follows:

EXAMINATION OF DAVID LONGWORTH, M.D.

BY MS. TOSTI:

Q. Doctor, would you please state your name for us.
A. David Lawrence Longworth.
Q. And what is your home address?
A. 31010 Providence Road, Pepper Pike, Ohio.
Q. And your zip code?
A. 44124.
Q. Is that a single-family home?
A. Yes.
Q. And what is your current business address?
A. Department of Infectious Disease, Desk S32, the Cleveland Clinic, 9500 Euclid Avenue, Cleveland, Ohio, 44195.

Page 4

Q. And at the time that you rendered care to Gregory Colvin, was that also your business address?
A. Yes.
Q. And at the time that you rendered care to Gregory Colvin, who was your employer?
A. The Cleveland Clinic.
Q. And Cleveland Clinic is currently your employer also?
A. Correct.
Q. Do you provide professional services for any entity other than the Cleveland Clinic?
A. No.
Q. Have you ever had your deposition taken before?
A. Yes.
Q. How many times?
A. Less than five.
Q. And why was your deposition being taken, and by that I mean, what capacity was it being taken?
A. Once it was taken in a murder trial where I was a witness. On several other occasions, it has been taken when I have been asked to be an expert, and on one or two

occasions, it's been taken in cases where I have not been personally named but have been involved in the care of the patient.

Q. I'm going to go over some of the ground rules for depositions. I'm sure counsel has had a chance to talk with you. This is a question-and-answer session. It's under oath. It's important that you understand my questions. If you don't understand them, if I have phrased them inartfully, just let me know; I'll be happy to restate the question in other terms or give it to you again. Otherwise, I'm going to assume that you understood the question that I am asking you and that you are able to answer it.

At some point during the deposition, counsel may choose to enter an objection. You are still required to answer my question unless counsel tells you not to do so. You also must give all of your answers verbally, because the court reporter can't take down head nods or hand motions. And if at some point it's helpful to you to refer to the medical records that you have in front of you, feel free to do so.

Have you ever been named as a Defendant in a medical negligence suit?

A. No.

Q. Now, you indicated that you had acted as an expert several times. Were those for cases that were filed here in Ohio?

A. Yes.

Q. When was the last time that you served as an expert?

A. Six or eight months ago.

Q. Do you recall the name of the case?

A. No.

Q. How about the Plaintiff in the case?

A. It was St. Michael's, I believe.

Q. Was it the Defendant or the Plaintiff'?

A. I'm sorry, the Plaintiff -- no, that was the Defendant.

Q. Okay.

A. I don't recall the Plaintiff's name.

Q. Were you serving as a Plaintiff or defense attorney expert?

A. I was a defense attorney expert.

Q. Who was the defense attorney in the case?

A. It was *Gary* Goldwasser.

Q. What was the issue of negligence in

that case?

A. It was a young woman who came to an emergency room with a nondescript febrile illness who ultimately went on over **24** hours to develop fulminant meningococcemia. She had none of the cutaneous stigmata or clinical clues of presentation, and the Plaintiffs alleged that the patient should have been diagnosed in the emergency room and received antibiotics.

Q. Was your deposition taken in that case?

A. Yes.

Q. Did you give trial testimony?

A. On video, I believe.

Q. How was that case resolved?

A. I believe that the Defendants won.

Q. Now, you indicated that there were other cases that you served as an expert witness?

A. I don't recall the details. It's been years ago. I don't do that work routinely. This was a favor.

Q. In regard to the cases in which you gave testimony as a treating physician in the case and which you were not named as a Defendant,

when is the last time that you gave testimony in such a case?

A. Perhaps two months ago.

Q. Do you recall the Plaintiff in that case?

A. It was a gentleman named Habiby.

Q. Who was the defense attorney on that case?

A. Jim Malone.

Q. Was that testimony deposition or trial testimony?

A. Both.

Q. Do you know who the Plaintiff's attorney was in that case?

A. Ruben -- don't remember his last name.

Q. What was the issue of negligence in that case?

A. That man had undergone a mitral valve repair, complicated by a list liver laceration at the time a chest tube was placed, did well, subsequently developed sepsis syndrome, had a prolonged hospitalization, recovered, survived, did well, and the issue was the proximity of the sepsis syndrome to the liver laceration and whether they were related.

Page 9

Q. How was that case resolved?
A. That was resolved in favor of the Plaintiff.
Q. You said there were several cases in which you had given testimony as a witness in the case. Do you recall any additional ones?
A. I don't. The only case that I recall is the murder case.
Q. Have you ever given any testimony in any of the cases that you have been involved with that had issues dealing with bacterial endocarditis?
A. To my knowledge, no.
Q. Now, doctor, I have been provided at the beginning of this deposition with a copy of your curriculum vitae. I'd like you just to identify this for us for the record.
A. It is my curriculum vitae.
Q. And it is marked as Plaintiff's Exhibit 1; correct?
A. Yes.
Q. Are there any additions or corrections that you would like to make to your curriculum vitae at this time?
A. No.

Page 10

Q. Doctor, you were licensed to practice in the State of Ohio; correct?
A. Yes.
Q. And you are also so licensed at the time that you rendered care to Gregory Colvin; is that correct?
A. Correct.
Q. Are you currently licensed in any other states?
A. Not actively.
Q. Has your license to practice medicine ever been called into question, suspended or revoked?
A. Never.
Q. Now, doctor, you are board certified in internal medicine and in infectious diseases; is that correct?
A. Correct.
Q. Did you pass both of those board certifications on your first attempt?
A. Yes.
Q. Do you currently have hospital privileges here at Cleveland Clinic?
A. Correct.
Q. Do you have hospital privileges at any

Page 11

other hospital?
A. No.
Q. Have your hospital privileges ever been called into question, suspended or revoked?
A. Never.
Q. Doctor, on your curriculum vitae, you have a number of publications. Do any of these deal specifically with prosthetic valve endocarditis?
A. Yes.
Q. Could you, on your curriculum vitae, circle the items that deal specifically with prosthetic valve endocarditis? Just put a circle around the number, and if you would mention what those numbers are for the record.
A. Okay. 26. 31 is related. 32, 34, 45. I think that should be it.
Q. Thank you. Have you taught or lectured on the subject of prosthetic valve endocarditis?
A. Yes.
Q. Have any of your lectures been reduced to a video or outline or syllabus?
A. At some point in the past, yes.
Q. Are you in possession of any of those

Page 12

items in a written or video or audio taped form?
A. No.
Q. Do you know who would be in possession of those such items?
A. I have talked on endocarditis at our large annual internal medicine review course a number of years ago, and I do not know whether that syllabus material still exists since others now have subsequently given that lecture and a current syllabus is prepared by someone else in that regard.
Q. Tell me what you reviewed for this deposition.
A. I reviewed the written notes from the February 23rd through 27th, 1998 hospitalization for Mr. Colvin, specifically the notes regarding my care provided on February 26th and 27th of 1998.
Q. Have you reviewed any of the Kaiser records --
A. None.
Q. -- aside from -- let me finish my question. -- aside from what might appear in the Cleveland Clinic records from the admission that you just indicated?

Page 13

A. No.
Q. Have you at any time reviewed any tapes of echocardiograms done on Gregory Colvin?
A. No.
Q. And since this case was filed, have you discussed this case with any other physicians?
A. The only conversation I have had was when we had notification that the case was filed. My colleague, Dr. Schmidt, and I got a notice at the same time, and he asked me whether I recalled the case, and I did not, nor did he at the time. And we never discussed it subsequently.
Q. And other than counsel, have you discussed the case with anyone else --
A. No one.
Q. -- since the time it was filed?
A. No.
Q. Do you have any personal notes or personal file on this case aside from your notations in the medical records from the admission that you cited?
A. No, ma'am.
Q. Have you ever generated such personal

Page 14

notes?
A. You mean on this case or on any case?
Q. On this case.
A. No.
Q. Is there a textbook in your field of infectious disease that you consider to be the best or most reliable?
A. I think most would think that Mandel's Textbook of Infectious Disease would be the standard in our field.
Q. Do you find the information contained in it to be authoritative?
A. In most instances.
Q. And are there any publications that, as you sit here today, you believe have particular relevance to the issues in this case?
A. None that jump out as single solitary publications.
Q. That's what I'm asking, if you know of one right now --
a. No.
Q. -- that you believe has particular significance.
Have you participated in any research dealing with the subject matter of prosthetic

Page 15

valve endocarditis?
A. Yes.
Q. When did you participate in that research?
A. Well, the publications noted in my curriculum vitae represent epidemiologic studies, mainly retrospective, looking at various aspects of that entity, and on a couple of occasions describing unusual causes of prosthetic valve endocarditis.
Q. Those instances are contained in the publications that you have previously identified; correct?
A. Yes, ma'am.
Q. Is your practice limited to the field of infectious disease?
A. I do a little bit of general internal medicine to keep my skills current.
Q. If you could just give me a rough breakdown on percentage, what would you say?
A. 98 percent infectious disease.
Q. How often do you see patients with prosthetic valve endocarditis?
A. Well, it is, fortunately, a rare complication of heart valve surgery, but in

Page 16

centers such as ours that are referral centers and that additionally do a lot of cases and receive patients who are already infected, I see it frequently.
Q. Could you tell me, in the last month, how many cases you have seen?
A. Probably two or three.
Q. Is that typical?
A. That's typical.
Q. What is the incidence of prosthetic valve endocarditis after valve replacement surgery?
A. It depends upon the center.
Q. But overall, is there a particular incidence when you look at national averages?
A. The best centers would have an incidence rate that is somewhere around one percent, and that is our incidence rate as well. The published literature has suggested higher incidence rates at some centers, especially those that do lower volumes of cardiac valve surgery.
Q. And in regard to prosthetic valve endocarditis, is there an organism that most frequently causes it, a particular one that has the highest rate of incidence?

Page 17

A. It depends upon when the endocarditis occurs.
Q. Are you differentiating between early and late?
A. I am.
Q. What would be the most frequent causative organism in early prosthetic valve endocarditis?
A. Coagulase-negative staphylococci.
Q. And in late endocarditis?
A. It depends upon the species, but the same ones also are disproportionately more common causes compared with native valve endocarditis. But the microbiology of late onset prosthetic valve endocarditis more closely approximates that of native valve disease.
Q. And in regard to Gregory Colvin, do you have an opinion as to whether his prosthetic valve endocarditis was an early or late type?
A. I've only reviewed the records from February 23rd through February 27th, and so I do not know the subsequent details of the case.
Q. So at this time, you have no opinion --
A. Correct.

Page 18

Q. -- as to whether he had early or late prosthetic valve endocarditis?
A. I do not believe he had endocarditis at the time.
Q. You have to let me finish my question; then you can answer it. So at the present time, you do not have an opinion as to whether Gregory Colvin had early or late prosthetic valve endocarditis; correct?
A. Correct.
Q. In a patient with a prosthetic heart valve, are there any factors that increase the risk for prosthetic valve endocarditis?
A. Ask that one again, please.
Q. In a patient that has a prosthetic valve, are there any factors that would increase their risk for prosthetic valve endocarditis?
A. Yes.
Q. Could you tell me what those factors are.
A. Patients who have mechanical prostheses tend to have a higher incidence of PVE than patients who have bioprosthetic valves. Patients who have had prior endocarditis seem to have a higher incidence. Patients who have bacteremia seem to have a variable incidence, but higher than average, depending upon the organism seeding a valve.
Q. Anything else?
A. No.
Q. Would you agree that there has to be a high degree of vigilance for bacterial endocarditis in a patient with a prosthetic heart valve?
A. High degree of vigilance. I think physicians need to be cognizant of the diagnosis and the fact that it is a, fortunately, rare complication.
Q. What are the signs and symptoms of prosthetic valve bacterial endocarditis?
A. They include fever, but the fever is not invariably present. Actually, before I go on and answer that, I would comment that the signs and symptoms and the frequency of those signs and symptoms may vary depending upon the causative organism. But they include fever, a new heart murmur, especially a regurgitant murmur, cutaneous stigmata of endocarditis such as Osler's nodes, splinter hemorrhages, Janeway lesions.

Page 19

Page 20

In significant prosthetic valve endocarditis with valve leakage, congestive heart failure. Less common findings would include splenomegaly. Even less common would be immune complex glomerulonephritis, embolic episodes to the central nervous system, to the limbs, to the viscera, especially the spleen.
Laboratory stigmata such as anemia, microhematuria. Less often, red cell casts in the urine with chronic infection. Occasionally, with acute PVE due to Staph aureus, leukocytosis.
Q. Is anorexia and weight loss associated with prosthetic valve bacterial endocarditis?
A. They would be uncommon manifestations, in fact. Anorexia is certainly on the list of symptoms, but, in my own experience, it's not a prominent symptom in patients with prosthetic valve endocarditis. And weight loss, in native valve or prosthetic valve endocarditis, is rare and would only be seen in patients who have long-standing chronic infection with very indolent organisms or in those who have an occult colonic malignancy and Strep bovis or enterococcal endocarditis, in which case the weight loss is due to the cancer.

Page 21

Q. In Gregory Colvin's case, is there anything that would indicate to you that he had cancer?
A. Based upon my two-day involvement in his care, no.
Q. Is an increased erythrocyte sedimentation rate associated with prosthetic valve endocarditis?
A. It can be.
Q. Is that a sign of infection?
A. It is not a specific sign of infection. There are other things that can increase the sedimentation rate that are not infectious in origin.
Q. Do the signs and symptoms of prosthetic valve endocarditis differ in any way from just bacterial endocarditis?
A. Can you refine the question?
Q. Yes. In a patient who does not have a prosthetic valve, as opposed to a patient that does, if both of them develop a bacterial endocarditis, are the signs or symptoms different in any way?
A. The absolute signs and symptoms are the same, and, again, vary more by the organism

Page 22

involved, The relative incidences of the different signs and symptoms differ slightly in the literature between PVE and native valve endocarditis.
Q. Let me refine my question a little bit.
Is there any sign or symptom that's specific to prosthetic valve endocarditis that you would not see in a patient that did not have a prosthetic valve that develops endocarditis?
A. No.
Q. Do valvular vegetations have to be present before the diagnosis of prosthetic valve endocarditis can be made?
A. One can make that diagnosis, but with less confidence, in the absence of vegetations. And the thing that would make one make that diagnosis would be sustained bacteremia over time without another evident source. So that the combined absence of vegetations and bacteremia would have a high, a very high, negative predicted value for the diagnosis.
Q. Why are serial blood cultures done on patients when bacterial endocarditis is within the differential diagnosis?

Page 23

A. Because sustained bacteremia is the hallmark of endovascular infection as opposed to episodic bacteremia, which is more characteristic of contained, closed-space infections.
Q. Can a culture come back negative even when there is bacteremia?
A. Can you refine that question a little more for me?
Q. Yes. If a patient has a bacteremia and a blood culture is done, can that blood culture eventually show a negative result and yet bacteremia still be present?
A. Certainly blood cultures rely on an inoculum in the culture medium to grow. But the sensitivity in patients without recent antimicrobials in diagnosis of endovascular infection is very, very high. There are data suggesting that antibiotics administered within two weeks, in the prior two weeks, may lower the sensitivity of blood cultures, but we rely heavily on blood cultures to make the diagnosis.
The reason I paused with regard to your question is that there are rare causes of endocarditis produced by fastidious organisms that would not grow in routine blood culture

Page 24

media in which we would make the diagnosis serologically or by utilizing more specialized media. As an example, fungal endocarditis of both native and prosthetic valves is rarely diagnosed by culturing the organism from the blood.
Q. The staph bacteriums that you mentioned previously as the causative organisms, would you group any of those as a fastidious organism?
A. Those should grow.
Q. In a patient that has endocarditis, are there some instances when blood cultures never turn positive?
A. That happens in about two percent of cases. And those two percent are usually due to fastidious organisms.
Q. Are there some instances when it is not due to a fungal endocarditis?
A. That people are culture negative?
Q. Yes.
A. Certainly. Other fastidious organisms, nutritionally variant streptococci, Q fever, Legionella, heavily pretreated patients who have had a lot of antibiotics with more

Page 25

typical bacterial pathogens.
Q. And if a patient has bacteremia but has received IV doses of antibiotics within a two-week period prior to the blood cultures, did I understand you correctly to say that that may have an effect on whether or not the blood cultures grow any bacteria?
A. It could lower the sensitivity.
Q. And by that, you mean you might --
A. Correct.
Q. Let me finish. -- you might obtain a negative result when, in actuality, there may be a bacteremia present?
A. Correct. Rut the more cultures you collect and are negative in that setting, the more reassurance you have that there's no bacteremia.
Q. Are there any particular criteria, in your opinion, that have to be present before a presumptive diagnosis of prosthetic valve endocarditis can be made?
A. Ideally, we like to see sustained bacteremia. In cases in which that is not evident, there should be clear-cut echocardiographic evidence of infection. And

Page 26

that would mean large vegetations, evidence of a ring abscess, but with the caveat that one can be fooled and there are falsely positive echocardiograms for both vegetation and ring abscess. Ideally, we make the diagnosis histopathologically.
Q. And when you say sustained bacteremia, what does that mean?
A. That means multiple positive blood cultures collected over time. And we define that as at least over several hours.
Q. How many positive blood cultures, in your opinion, are required before the diagnosis of prosthetic valve endocarditis can be made?
A. It would depend upon the organism, but with regard to bacteria, in a patient who has not been previously treated who grows coagulase-negative staph, we would like to see three or four of those be positive because of the concern that that can be a common skin contaminant. Other organisms, such as staph aureus, I might accept two collected over time.
Q. How is prosthetic valve endocarditis treated?
A. It is treated with antimicrobial

Page 27

chemotherapy, and in selected indications, valve replacement surgery, and in rare circumstances, retrieval of peripheral emboli that are large, occlusive emboli.
Q. And just in general, how long of treatment with IV antibiotics or with antibiotics would be required for prosthetic valve endocarditis?
A. Four to six weeks. Occasionally longer.
Q. Now, doctor, in some instances, with a prosthetic valve endocarditis, is it possible to clear the infection just with antibiotics and not having to move towards replacement of the valve?
A. Yes.
Q. What percentage of cases are treatable medically?
A. It depends upon the center and the referral bias and the mixture of organism that one sees in your representative case series. Staph aureus endocarditis of the prosthetic valve tends to be a highly virulent, aggressive infection that often requires valve replacement surgery. Coagulase-negative staph, on the other hand, in which the infection is localized to the

Page 28

valve, has not produced dehiscence or a leak, often can be successfully managed medically without surgical intervention.
Q. Would you agree that the sooner prosthetic valve endocarditis is treated with antibiotics, if it's a bacterial infection, the more likely the outcome will be positive?
A. That's not always true. It depends upon the extent of the infection and the extent to which there is valvular damage when the patient presents.
Q. In general, though, is it better to treat a patient with a bacterial endocarditis sooner rather than later?
MS. CARULAS: Objection.
MR. POLITO: Objection.
A. Certainly.
Q. Would you agree that there has to be a high index of suspicion for bacterial endocarditis when a prosthetic valve patient presents with fever and night sweats and fatigue?
A. Those are nonspecific symptoms produced by many illnesses, of which prosthetic valve endocarditis is one, and it must always be

Page 29

on the differential diagnosis in such patients.
Q. But particularly on a patient with a prosthetic valve, when they come in with a history over several weeks of fever, night sweats and fatigue, shouldn't that send up a red flag in a clinician's thinking as to what's going on with this patient?
MR. POLITO: Objection.
MR. SKIVER: Go ahead, doctor.
A. It should be one of the prominent things on the differential diagnosis. But depending upon other aspects of the history and physical exam, it is by no means the only thing. And I have seen many patients with exactly that clinical presentation who come to me because of that concern but who have other things.
Q. And when you are presented with those types of symptoms, do you take action in order to determine whether or not those patients have in fact bacterial endocarditis by doing appropriate diagnostic testing and evaluation?
A. It depends upon what else there is in the test history and the physical exam as to whether that's the first thing on the list, but if I suspect that it's a possibility, I would

Page 30

pursue the workup.
Q. Doctor, when you are consulting on a patient with prosthetic valve endocarditis, do you as an infectious disease specialist sometimes make recommendations as to whether or not the patient should undergo removal of the infected valve? Is that something that you do as an infectious disease --
A. On occasion.
Q. What would be the indicators, in a patient with a prosthetic valve that has endocarditis, for you as far as making recommendations for surgical removal and replacement of the valve?
A. The decision to operate depends upon several things, including the presence of certain surgical indications in the literature, but which must be balanced by the individual patient's circumstance in terms of comorbidity that would increase the risk of surgery. But the classic indications for surgical intervention in prosthetic valve endocarditis include multiple emboli, the presence of fungal prosthetic valve endocarditis, which has a 95 percent mortality with medical therapy alone, relapse after

Page 31

appropriate therapy, evidence of sustained bacteremia despite appropriate antibiotic therapy, and the discussion is always how that is defined; ring abscess, worsening congestive heart failure and valve leak despite medical therapy.
And in those circumstances, the discussion usually focuses on timing and whether the patient is in the best shape possible, whether the patient is too sick to get through the surgery.
Q. Now, you previously indicated that you had some discussions with another physician and indicated that you didn't have a recollection of Mr. Colvin. You have had an opportunity to review some of the records of Mr. Colvin at The Cleveland Clinic admission. Do you, as you sit here now, have an independent recollection of Gregory Colvin?
A. No.
Q. From your review of the record, I think you have previously indicated that you saw Gregory Colvin on two days, February 26th and February 27th of 1998; is that correct?
A. Correct.
Q. In regard to the first time that you

Page 32

saw him, why were you seeing him that day?
A. I was seeing him because of a history of fever following his earlier valve replacement surgery. And I note here that he in fact is a Kaiser patient. We do not routinely see Kaiser patients, and there are circumstances when we are asked by the infectious disease consultants at Kaiser to see the patients on an ad hoc basis if they are not available to see them. And although my note does not reflect that, I would surmise that that is why I saw this patient.
Q. You do not know who ordered the consult for you to see this patient?
A. I don't remember. That might be known, but I don't remember. Well, it would be whoever carries beeper 27484, whose signature I cannot read, dated February 26th, 1998. ID consult regarding subacute bacterial endocarditis.
Q. And you don't have any recollection of receiving any specific information from anyone requesting a consult?
A. Correct. I do not have that recollection.
Q. And do you have any recollection of

Page 33

being provided with any information about the patient prior to the time that you saw him?
A. No, ma'am.
Q. Now, based on your review of the record and the information that is contained in your assessment, can you tell me whether Gregory Colvin, in your opinion, was at high risk for bacterial endocarditis at the time you saw him?
A. Could you define high risk?
Q. Well, doctor, I would assume that there are patients that are at normal risk, as any patient that has a prosthetic valve, but anything that would have increased his risk, over a patient that just has a prosthetic valve, for endocarditis.
A. Well, he had had a surgical procedure about two weeks earlier and was presenting with fever, so certainly it was on people's minds.
Q. At the time that you saw Gregory Colvin, was anyone else in attendance with you?
A. My resident, I'm sure, would have been there, but I don't actually recall.
Q. Who was your resident?
A. Dr. Poggi, P-O-G-G-I, who had written the consult note just before me. And he would

Page 34

have presented the case to me, and we would have gone to see him together.
Q. What year resident was Dr. Poggi?
A. I believe a second year at the time.
Q. And he was an infectious disease resident?
A. No. He was a general medicine resident.
Q. And it would be the usual procedure for Dr. Poggi to go in and do an assessment of the patient and then make a presentation to you?
A. Yes.
Q. Do you have any recollection of any report that he made to you in regard to his assessment?
A. I only see his written note before mine, but I don't recall anything about the presentation.
Q. And would it be your normal procedure to review his written note on a patient?
A. It would be my normal procedure to do that, but, quite frankly, as you can see from the record, I write fairly extensive notes, and I do so because I want to know exactly what I thought and the history that I elicited at the time and

Page 35

the physical findings that I noted at the time, because those often are of interest further down the line in the care of patients.
Q. And when you had an opportunity to review the records, was there anything that you disagreed with in Dr. Poggi's note, the initial note?
A. I honestly don't remember. I would stand by the note that I wrote myself.
Q. When you saw Gregory Colvin, did you take any history from him personally?
A. My notes reflect some historical features, but I don't remember. My custom would have been to have elicited the history personally from the patient, to have done it all over again, and in the absence of that, would have elicited that from a family member. I see in my note the quotation that he said, quote, "I feel well," unquote, on the first page of my February 26th, 1998 consultation note.
And I also did a detailed review of systems, which suggests to me that I personally asked Mr. Colvin all of those questions. My practice is not to write down those things if I haven't verified them myself.

Page 36

Q. And would it be your normal practice to do a physical exam of the patient?
A. It absolutely is.
Q. Now, in regard to the note that you wrote from that visit on the 26th, do you have your exam findings?
A. I do.
Q. Did you find any deviations from normal when you did his physical exam?
A. He had had a low grade temperature of 38 the prior night. He had a right internal jugular stitch abscess, and my note reflects that I expressed about two cc's of pus. My note specifically reflects the fact that I looked for and did not see any peripheral stigmata of endocarditis involving the skin or the conjunctiva, that he had a few left-sided rales at the base in the left anterior axillary line; that his sternal wound was well healed, that he was in atrial fibrillation, and that he specifically had no murmur, gallop or rub on cardiac exam; that his abdominal examination was unremarkable, and specifically that he lacked splenomegaly and costovertebrosacral tenderness, that his joints were normal. I examined his

Page 37

testes and epididymides. Those were normal. I examined his spine. Those were --
Q. Doctor, I asked you for deviations from the normal, so if you could just confine yourself to those.
A. None other than I've mentioned.
Q. Mr. Colvin was in the hospital for three days before you saw him; correct?
A. I believe he was admitted February 23rd, correct.
Q. And you saw him on the 26th?
A. Yes.
Q. Did you find it odd that you were being called in three days after his admission?
A. Not particularly.
Q. Do you know whether he was seen by any other infectious disease person from Kaiser prior to the time that you and the resident, Dr. Poggi, saw him?
A. It's not reflected in the chart note, so I presume no.
Q. Now, you indicated that you observed that Mr. Colvin had a stitch abscess at the time that you saw him. On the 26th, did you note any retained suture in his stitch abscess?

Page 38

A. My note doesn't reflect it.
Q. If in fact --
A. I would have commented on it.
Q. And you indicated that you were able to express two cc's of purulent material from the abscess at the time that you saw him?
A. Correct.
Q. Wow did you do that? Was that with a syringe?
A. No, it was with a glove.
Q. Applying pressure?
A. Yes.
Q. Had he had any type of drainage from that wound prior to the time that you expressed the purulent material?
A. It's not reflected in my notes. 1 don't recall. I would have specifically commented on that had that been the case.
Q. When you expressed the purulent material from the stitch abscess, did you send it for a culture?
A. I don't recall that either. It's not in my notes.
Q. In a patient with a prosthetic valve, wouldn't an abscess containing two cc's of

Page 39

purulent material be a potential source of infection to the prosthetic valve?
A. Conceivably, but he had nine negative blood cultures.
Q. Wouldn't prudent care have warranted sending that material, the purulent material, for a culture in his case?
A. Depends upon what it looked like at the time and if you thought that it was -- if we thought that it was superficial and adequately drained and that he did not have endocarditis, not necessarily.
Q. Is that what you thought in this case?
A. I don't recall sending it for culture, and my following day's note reflects that I got a little more out and that the wound looked very good.
Q. So that was an adequate reason in your mind not to send it for culture?
A. Yes.
Q. Now, did you find, when you examined him on the 26th, any murmurs, heart murmurs?
A. No.
Q. And in regard to Gregory Colvin, was

Page 40

the fact that you did not hear any murmurs of any significance in regard to determining whether or not this was a prosthetic valve endocarditis?
A. It spoke against, but didn't absolutely exclude, the diagnosis.
Q. Now, I believe in your note you have indicated under the assessment portion of the skin, the second line, that there was no stigmata of infectious endocarditis. What stigmata are you referring to there?
A. Splinter hemorrhages, Osler's nodes, Janeway lesions, peripheral emboli, conjunctival petechiae. Those are also alluded to in the following line.
Q. Now, on the second page of your note, you make reference to the transesophageal echo. I believe you have TEE and then question mark.
A. Suture.
Q. And then?
A. Mitral valve.
Q. Mitral valve replacement. Where did you obtain the information in regard to the transesophageal echo?
A. I believe it's in the chart. I would not -- my practice would have been to look at the

Page 41

report. I do not read echos. I rely on the cardiologists to tell me what they see.
Q. Do you have a copy of that echo in the records that you have in front of you?
A. Yes.
Q. Now, I'd like you to take a look at it, if you would. In the analysis of the echo, there is a reference there to an echo density?
A. Correct.
Q. And I believe it says something to the effect that there's a questionable suture from his prosthetic valve that may be what the echo density is.
A. Right.
Q. In regard to the history that Gregory Colvin provided of the fever, the night sweats and the neck abscess that you observed, and, in addition, that echo density on his transesophageal echo, would that raise a high degree of suspicion that he may have prosthetic valve endocarditis?
A. That echocardiographic finding, thinking that it's a suture, in fact, we thought spoke against the diagnosis because they felt that it was a suture, and the need for followup

Page 42

echocardiography would have been dictated by his subsequent clinical course.
Q. The echocardiographer recommended a followup TEE; correct?
A. That is what the statement says.
Q. Do you have an opinion as to whether a followup transesophageal echo after the February 24th, 98 one that we just reviewed would have shown any changes in that echo density?
MR. POLITO: Objection. What date after? Are we talking three months after? Are we talking a week after or what?
MS. TOSTI: While he was still in the hospital, as a followup echo prior to discharge.
A. You mean within the three days subsequent to discharge?
Q. It was done on the 24th. He was discharged on the 27th.
A. You're asking me do I believe that a followup study over that 72-hour time frame would have shown a materially different finding?
Q. Yes.
A. Yes, I have an opinion about that.
Q. What's your opinion?
A. It would not have.

Page 43

Q. If he had had a transesophageal echo done within a month of the time of his discharge from the hospital on February 27th, do you have an opinion as to whether there would have been a change in that echo density that would have been consistent with prosthetic valve endocarditis or dehiscence?
A. No, because I'm not certain, by any matter or means, when he became infected, nor do I know how he was behaving clinically at that time.
Q. That's all I'm asking, is if you have an opinion, doctor. And if you don't, just tell me you don't and we'll go on to the next thing.
MR. SKIVER: That's what he just did.
Q. After you had an opportunity to assess him on the 26th, what were your impressions in regard to his clinical status?
A. I thought that the differential diagnostic concerns included that his fevers were due to a stitch abscess, that he had a postcardiotomy syndrome, and that we needed to exclude a urinary tract infection because of his hematuria. And my note specifically says, though PVE a concern, I suspect he is not infected. And

Page 44

I based that upon the fact that he was clinically getting better and he had multiple negative blood cultures, and that he had a transesophageal echo that was not compelling for the diagnosis.
Q. What indicated to you that he was clinically getting better?
A. Temperatures were trending down. And in my note, on the first page, it says energy increased, quote, "I feel well," unquote.
Q. Now, when you saw him on the 26th, do you know whether you had any blood cultures to refer to?
A. Yes. My note reflects the fact that there were eight negative blood cultures from February 23rd, and that there were more cultures that were cooking from the 25th.
Q. Do you know whether Gregory Colvin received any IV antibiotics prior to the time that some of those blood cultures were drawn?
A. He did. He received several doses of Ampicillin and gentamycin after he was admitted on February 23rd, but my notes reflect that those medications were stopped the following day, February 24th.
Q. And would you agree that if Gregory

Page 45

Colvin received IV antibiotics prior to having his blood cultures done, or some of those blood cultures done, that those blood cultures obtained after the antibiotics may have been falsely negative?

A. It's conceivable. Usually a dose or two doesn't make a difference. It's more prolonged courses that would make a difference and reduce the sensitivity,

Q. Do you know how long Gregory Colvin had the stitch abscess prior to the time that you drained it?

A. No.

Q. Is it your understanding that the stitch was present at the time of his discharge from the hospital for his valve surgery?

A. I don't know that.

Q. Would an abscess at the site of a prior central line catheter place Gregory Colvin at increased risk for developing prosthetic valve endocarditis?

A. If he became bacteremic from that, it could be a source for seeding the line, yes.

Q. Now, when you saw Gregory Colvin on February 26th, were you able to rule out

Page 46

bacterial endocarditis, prosthetic valve endocarditis, in his case?

A. No.

Q. What is postcardiotomy syndrome?

A. Postcardiotomy syndrome is a syndrome of fever that occurs classically ten days to six weeks following open heart surgery that probably reflects inflammation of the pericardium and pleura that is a clinical diagnosis made by excluding other causes of fever and ideally hearing a pleural or a pericardial friction rub, which were not heard in this case, but which are not invariably present.

Q. Are there any other symptoms other than the elevated fever, the friction rub that you have just mentioned, anything else you observed?

A. Sometimes they have chest pain. Often they have fever and feel quite well and not ill, which is why it's on the differential diagnosis here, and such patients may have an elevated erythrocyte sedimentation rate,

Q. Now, you also in your assessment on the 26th, I think under item number 3, indicated rule out urinary tract infection; is that

Page 47

correct?

A. Correct.

Q. Why did you want to rule out urinary tract infection?

A. He had the unexplained hematuria.

Q. Is hematuria associated with prosthetic valve endocarditis?

A. It can be.

Q. And what was your plan of care after you saw him on the 26th?

A. We weren't sure what was going on, and we wanted to observe him off antibiotics since he was getting better. We suggested sending a urine culture. And then with the comment that if you send him out, follow his temperature diary, having him take his temperature, and to recheck blood cultures off antibiotics in a few days.

Q. And why did you suggest the temperature diary?

A. Because he had come into the hospital with temperature, and although he was getting better, had he continued to have fever, it would have mandated further workup.

Q. And would that further workup include a further workup for prosthetic valve

Page 48

endocarditis?

A. Well, I suggested they recheck his blood cultures, so that would have been further workup for that.

Q. And did you have some concern that the couple doses of antibiotics that he had may have had some impact on the results of his blood cultures?

A. I did not state that explicitly, but the fact that I suggested that he have more blood cultures obtained speaks to that concern.

Q. Now, did you see Gregory Colvin again on the 27th?

A. Yes.

Q. And there's a note by Dr. Poggi that is dated --

A. The 26th, which I redated the 27th. He misdated it.

Q. So you made a correction to his note?

A. Correct. And his note is anotated by me, as you can see. And then I have a note on the following page.

Q. Now, on about the fifth line of Dr. Poggi's note, there is a notation that he's made about the skin, and there's a checkmark next to

Page 49

that.
A. Right.
Q. Did you make that checkmark?
A. I did.
Q. Why did you make that checkmark there?
A. To confirm that I had noted his observation.
Q. And that is your handwriting also in the left margin?
A. Correct.
Q. Would you read what you wrote there?
A. No murmur or rub. Chest clear without rub. No stigmata of infective endocarditis. Same definition as before.
Q. Now, about five lines from the bottom of Dr. Poggi's note, he makes reference to the stitch manually removed.
A. Right.
Q. Do you see that?
A. I do.
Q. From the prior right inner jugular site.
A. Right.
Q. Was that stitch removed on the 27th?

Page 50

A. That is my understanding.
Q. And you have no recollection of seeing that suture in the wound when you expressed the purulent material on the 26th; correct?
A. Correct.
Q. Now, also at the bottom of Dr. Poggi's note, just below his reference to the stitch being manually removed, he has observe off antibiotics inpatient or outpatient up to -- and I'm not sure --
A. Primary team.
Q. And will want followup blood cultures. Who was the primary team in this case?
A. The Kaiser physicians.
Q. Now, you also wrote a note on February 27th; correct?
A. I did.
Q. And did you, again, conduct a physical exam of Gregory Colvin when you saw him on the 27th?
A. I did.
Q. And in regard to his stitch abscess, what were your findings?
A. My comment says the site now looks

Page 51

excellent.
Q. And was there more pus expressed from the wound at the visit on the 27th that you made?
A. Not by me. The note reflects suture right neck removed this morning with more pus, and so that would have been done earlier by Dr. Poggi, I think, in looking at his record, But when I saw the patient at 9:50 in the morning on that day, the site was fine.
Q. Now, after your visit on the 27th, what was your plan of care for Mr. Colvin?
A. My understanding was that he was being discharged and was going to go back to the care of his primary physicians at Kaiser.
Q. At the time that you saw him, did you know that he was going to be discharged?
A. My note says plan for discharge noted.
Q. And the plan was that he would then have followup blood cultures after he was discharged by his primary care physicians?
A. Well, that would be at the discretion of his primary care physicians. We had made the recommendation the day before that we suggested that.

Page 52

Q. Other than what you have written in the progress notes or clinical notes, did you or Dr. Poggi specifically communicate the suggestion or recommendation about the blood cultures to the Kaiser physicians?
A. I don't recall. We don't have it in -- I don't have a letter. We would have communicated it to the primary team in the hospital here.
Q. How would you normally do that?
A. Verbally.
Q. So would that be you or would it be your resident?
A. It would generally be me. If I felt strongly about something, it would be me. I don't remember speaking to -- who I would have spoken to.
Q. In this particular case, in your opinion, did Mr. Colvin need followup by an infectious disease specialist?
A. Not necessarily. A general internist would have handled this and followed him. And need for further blood cultures and further echocardiography would have been dictated by his clinical course. If he got better, his fevers

Page 53

went away, he was fine, I would have felt that those followup studies were not mandatory.
Q. If he continued to have fever off and on, would blood cultures be warranted?
A. Yes, ma'am.
Q. And at the time that you saw him on the 27th, was it your expectation that, after discharge, the Kaiser physicians would take responsibility for following up with blood cultures if it was clinically indicated?
A. Yes, ma'am.
Q. Now, doctor, your note, or I believe Dr. Poggi's note, indicates that -- your first note on, I think, the 26th, recheck blood cultures after he was off antibiotics in a few days. I think that's at the tail end of your one note.
A. I testified to that five minutes ago that that was my recommendation.
Q. I have a followup question. I'm just directing your attention to that statement right now.
A. Yes.
Q. Did you anticipate that, regardless of his clinical condition, after he was discharged,

Page 54

within a few days, he was going to have another blood culture?
A. Implicit in that is that if he remained febrile, he would have followup blood cultures.
Q. If he was discharged and did not have a fever for the next couple of days, then it was your expectation that blood cultures would not necessarily be needed?
A. Correct.
Q. And at the time that you last saw Mr. Colvin, were you able to rule out bacterial endocarditis?
A. With a hundred percent certainty; is that your question?
Q. Well, whatever you as a physician ruling out entails. Were you able to rule out bacterial endocarditis in Mr. Colvin's case prior to the time he was discharged from the hospital?
A. My note says I doubt he has prosthetic valve endocarditis, but I also suggested following him and observing him. So the answer to that question is, with one hundred percent certainty, I did not rule it out, and I was concerned enough to say that followup is

Page 55

appropriate.
With regard to your legal definition of medical certainty, whether there was a 51 percent likelihood that I thought he did not have prosthetic valve endocarditis, my note is saying I doubt he has it, which means that I didn't think he had it at that time.
Q. Were you able ever to determine what was causing his elevated temperatures?
A. Well, I only saw him on the 26th and the 27th, and I think my notes on that day said that I thought the differential diagnosis at that time was between a stitch abscess or postcardiotomy syndrome.
Q. Now, he also had an elevated erythrocyte sedimentation rate, I believe, on the 23rd at the time that he came in. Do you believe that that erythrocyte sedimentation rate was elevated because of those two things: The stitch abscess --
A. It would have been possible.
Q. -- or postcardiotomy syndrome?
A. Yes.
Q. Do you have any recollection of having any contact with Dr. Kruithoff regarding your

Page 56

evaluations of Gregory Colvin on either the 26th or the 27th?
A. No.
Q. Would it be your usual procedure to contact the attending cardiologist on a patient when you consulted on them?
A. It depends upon the circumstances. Not always.
Q. In this particular instance, is there anything in the record that would indicate to you that you had contacted Dr. Kruithoff --
A. No.
Q. -- in regard to your assessment?
A. Correct.
Q. And you don't have any recollection of contact with any other Kaiser physicians other than Dr. Kruithoff either?
A. That's correct.
Q. Now, doctor, did you provide any care to Gregory Colvin when he was readmitted to Cleveland Clinic, I believe, on May 12th?
A. No.
Q. Did you see him at any time during that admission?
A. No.

Page 57

Q. Were you consulted, even if you did not see him, were you consulted at any time during that admission?
A. Not to my recollection.
Q. And I think I know what the answer to this is, but do you have any opinions as to whether it was appropriate for him to be discharged from the emergency room when he was seen on May 10th?
A. I don't know the details of that evaluation, so I have no opinion.
MS. TOSTI: I'm editing, so just give me a minute here.
(Pause.)
Q. Did you at any time speak to Gregory Colvin's family?
A. I don't recall. It's conceivable they were at the bedside when I was there, but I honestly don't remember.
Q. What is your understanding as to what happened to Gregory Colvin when he was readmitted to Cleveland Clinic?
A. All I know is that he ultimately was found to have coagulase-negative staphylococcal prosthetic valve endocarditis and passed away.

Page 58

Q. And where did you receive that information?
A. I received that just verbally in the course of discussions here with counsel.
Q. Doctor, I think you mentioned previously, and I just want to confirm this, that you do not have an opinion as to when Gregory Colvin developed his prosthetic valve endocarditis; is that correct?
A. I have an opinion that I did not think he was infected at the time that I saw him.
Q. But after the point that you last saw him --
A. I don't have an opinion -- go ahead.
Q. After the point that you last saw him, you do not have an opinion as to when he actually developed the prosthetic valve endocarditis; correct?
A. That's true.
Q. Doctor, do you have any opinion as to whether there was any avoidable delay in taking him to surgery?
A. I don't have an opinion.
Q. Do you have any opinion as to whether his death was preventable?

Page 59

A. No.
Q. Do you have an opinion as to what caused his death?
A. No.
Q. Did you ever discuss Gregory Colvin's death with any of the physicians at Kaiser or the Cleveland Clinic?
A. Not to my recollection.
Q. If Gregory Colvin's prosthetic valve endocarditis had been treated successfully, and by that I mean infection was cured without complications, do you have an opinion as to what his reasonable life expectancy would have been?
A. No, actually.
Q. Do you have any criticism of anyone that rendered care to Gregory Colvin?
A. No.
Q. Do you blame Gregory Colvin in any way for the complications that he suffered?
A. What complications?
Q. Ultimately he developed prosthetic valve endocarditis and eventually he died.
A. I can't answer that. I don't know what happened after I saw Mr. Colvin in February.
MS. TOSTI: I don't have any further

Page 60

questions for you, doctor, but one of the other attorneys may.
MR. POLITO: No questions.
MS. CARULAS: No questions.
MR. SKIVER: He'll review it.
THE WITNESS: Thank you.
(Signature not waived.)
(Deposition concluded at 3:02 o'clock p.m.)
- - - - -

AFFIDAVIT

I have read the foregoing transcript from page 1 through 60 and note the following corrections:

PAGE LINE REQUESTEDCHANGE

_____

DAVID LONGWORTH, M.D.

Subscribed and sworn to before me this _____ day of _____,2000.

_____

Notary Public

My commission expires _____.

CERTIFICATE

State of Ohio,)
) SS:
County of Cuyahoga.)

I, Karen M. Patterson, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named DAVID LONGWORTH, M.D. was by me first duly sworn to testify to the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony as above set forth was by me reduced to stenotypy, afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony.

I do further certify that this deposition was taken at the time and place specified and was completed without adjournment; that I am not a relative or attorney for either party or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 17th day of July 2000.

Karen M. Patterson

Karen M. Patterson, Notary Public
Within and for the State of Ohio

My commission expires October 7, 2004.

-1-

1 [3] 3:2 9:20 61:3
110th [1] 57:9
112th [1] 56:21
1375 [1] 2:19
11400 [1] 2:14
11660 [1] 2:5
17th [1] 62:14
11998 [5] 12:15 12:18 31:23 32:17 35:20
1:35 [1] 1:24

-2-

2000 [3] 1:14 61:21 62:14
2004 [1] 62:18
216 [3] 2:6 2:15 2:20
23rd [6] 12:15 17:21 37:10 44:15 44:22 55:17
24 [1] 7:4
241-2600 [1] 2:6
24th [3] 42:8 42:17 44:24
25th [1] 44:16
26 [1] 11:16
26th [18] 12:17 31:22 32:17 35:19 36:5 37:11 37:24 39:23 43:17 44:10 45:25 46:24 47:10 48:17 50:4 53:14 55:10 56:1
27484 [1] 32:16
27th [16] 12:15 12:17 17:21 31:23 42:18 43:3 48:13 48:17 49:25 50:17 50:21 51:3 51:11 53:7 55:11 56:2
2nd [1] 2:5

-3-

3 [1] 46:24
30025 [1] 2:9
31 [1] 11:16
31010 [1] 3:15
32 [1] 11:16
34 [1] 11:16
38 [1] 36:11
388614 [1] 1:10
3:02 [1] 60:8

-4-

419 [1] 2:10
43551 [1] 2:9
44113 [1] 2:5
44114 [1] 2:19
44114-1491 [1] 2:15
44124 [1] 3:18
44195 [1] 3:25
45 [1] 11:17

-5-

51 [1] 55:3
526 [1] 2:14

-6-

6 [1] 1:14
60 [1] 61:3
623-0150 [1] 2:20
660 [1] 2:4
666-3417 [1] 2:10

-7-

7 [1] 62:18
72-hour [1] 42:20

-8-

875-2767 [1] 2:15

-9-

95 [1] 30:24
9500 [2] 1:23 3:24
98 [2] 15:21 42:8
9:50 [1] 51:9
9th [1] 2:19

-A-

abdominal [1] 36:22
able [6] 5:14 38:4 45:25 54:12 54:17 55:8
above [2] 1:25 62:8
abscess [16] 26:2 26:5 31:4 36:12 37:23 37:25 38:6 38:20 38:25 41:17 43:21 45:11 45:18 50:23 55:13 55:20
absence [3] 22:16 22:20 35:16
absolute [1] 21:24
absolutely [2] 36:3 40:5
accept [1] 26:22
acted [1] 6:2
action [2] 29:18 62:12
actively [1] 10:10
actuality [1] 25:12
acute [1] 20:11
ad [1] 32:8
addition [1] 41:18
additional [1] 9:6
additionally [1] 16:2
additions [1] 9:22
address [3] 3:14 3:22 4:3
adequate [1] 39:19
adequately [1] 39:10
adjournment [1] 62:11
administered [1] 23:18
ADMINISTRATOR [1] 1:4
admission [6] 12:24 13:23 31:16 37:14 56:24 57:3
admitted [2] 37:9 44:21
AFFIDAVIT [1] 61:1
affixed [1] 62:14
aforesaid [1] 62:8
afterwards [1] 62:8
again [6] 5:12 18:14 21:25 35:15 48:12 50:19
against [2] 40:4 41:24
age [1] 3:4
aggressive [1] 27:22
ago [5] 6:8 7:21 8:3 12:7 53:18
agree [4] 19:6 28:4 28:18 44:25
ahead [2] 29:9 58:14
AL [1] 1:10
alleged [1] 7:7
alluded [1] 40:13
alone [1] 30:25
always [4] 28:8 28:25 31:3 56:8
Ampicillin [1] 44:21
analysis [1] 41:7
Andress [1] 2:18
anemia [1] 20:8
ANNA [1] 2:18
annual [1] 12:6
anorexia [2] 20:12 20:15
anotated [1] 48:20
answer [7] 5:14 5:17 18:6 19:18 54:22 57:5 59:23
answers [1] 5:19
anterior [1] 36:18
antibiotic [1] 31:2
antibiotics [16] 7:9 23:18 24:25 25:3 27:6 27:6 27:13 28:6 44:18 45:1 45:4 47:12 47:17 48:6 50:9 53:15
anticipate [1] 53:24
antimicrobial [1] 26:25
antimicrobials [1] 23:16
appear [1] 12:23
APPEARANCES [1] 2:1
Applying [1] 38:11
appropriate [5] 29:20 31:1 31:2 55:1 57:7
approximates [1] 17:15
aside [3] 12:22 12:23 13:21
aspects [2] 15:7 29:12
assess [1] 43:16
assessment [6] 33:6 34:10 34:15 40:7 46:23 56:13
associated [3] 20:12 21:7 47:6
assume [2] 5:12 33:10
atrial [1] 36:20
attempt [1] 10:20
attendance [1] 33:20
attending [1] 56:5
attention [1] 53:21
attorney [6] 6:20 6:21 6:22 8:7 8:14 62:12
attorneys [1] 60:2
audio [1] 12:1
aureus [3] 20:11 26:22 27:21
authoritative [1] 14:12
available [1] 32:9
Avenue [3] 1:23 2:14 3:24
average [1] 19:2
averages [1] 16:15
avoidable [1] 58:21
away [2] 53:1 57:25
axillary [1] 36:18

-B-

bacteremia [14] 19:1 22:18 22:20 23:1 23:3 23:6 23:9 23:12 25:2 25:13 25:17 25:23 26:7 31:2
bacteremic [1] 45:22
bacteria [2] 25:7 26:16
bacterial [17] 9:11 19:7 19:15 20:13 21:17 21:21 22:24 25:1 28:6 28:13 28:19 29:20 32:18 33:8 46:1 54:12 54:18
bacteriums [1] 24:7
balanced [1] 30:18
base [1] 36:18
based [3] 21:4 33:4 44:1
basis [1] 32:8
became [2] 43:9 45:22
Becker [1] 2:3
bedside [1] 57:18
beeper [1] 32:16
beginning [1] 9:15
behalf [4] 2:2 2:7 2:11 2:16
behaving [1] 43:10
below [1] 50:7
best [3] 14:7 16:16 31:8
better [6] 28:12 44:2 44:6 47:13 47:22 52:25
between [3] 17:3 22:3 55:13
bias [1] 27:19
bioprosthetic [1] 18:23
bit [2] 15:17 22:6
blame [1] 59:18
blood [35] 22:23 23:10 23:10 23:13 23:20 23:21 23:25 24:6 24:13 25:4 25:6 26:9 26:12 39:4 44:2 44:11 44:14 44:19 45:2 45:2 45:3 47:17 48:3 48:7 48:10 50:12 51:20 52:4 52:23 53:4 53:9 53:14 54:2 54:4 54:8
board [2] 10:15 10:19
Bonezzi [1] 2:12
bottom [2] 49:16 50:6
bovis [1] 20:23
breakdown [1] 15:20
Building [1] 2:14
business [2] 3:21 4:2

-C-

cancer [2] 20:25 21:3
cannot [1] 32:17
capacity [1] 4:20

cardiac [2] 16:21 36:22
cardiologist [1] 56:5
cardiologists [1] 41:2
care [15] 4:1 4:5 5:3 10:5 12:17 21:5 35:3 39:5 47:9 51:12 51:14 51:21 51:23 56:19 59:16
carries [1] 32:16
CARULAS [3] 2:18 28:15 60:4
case [40] 1:8 6:9 6:11 6:23 7:1 7:11 7:15 7:25 8:2 8:5 8:8 8:14 8:17 9:1 9:6 9:7 9:8 13:5 13:6 13:9 13:12 13:16 13:21 14:2 14:2 14:3 14:16 17:22 20:24 21:1 27:20 34:1 38:18 39:7 39:14 46:2 46:12 50:14 52:18 54:18
cases [11] 5:1 6:3 7:18 7:23 9:4 9:10 16:2 16:6 24:16 25:23 27:16
casts [1] 20:9
catheter [1] 45:19
causative [3] 17:7 19:20 24:8
caused [1] 59:3
causes [5] 15:9 16:24 17:13 23:23 46:10
causing [1] 55:9
caveat [1] 26:2
cc's [3] 36:13 38:5 38:25
cell [1] 20:9
center [2] 16:13 27:18
centers [4] 16:1 16:1 16:16 16:20
central [2] 20:6 45:19
certain [2] 30:16 43:8
certainly [5] 20:15 23:13 24:22 28:17 33:18
certainty [3] 54:14 54:24 55:3
CERTIFICATE [1] 62:1
certifications [1] 10:20
certified [2] 3:7 10:15
certify [2] 62:6 62:10
chance [1] 5:6
change [2] 43:5 61:5
changes [1] 42:9
characteristic [1] 23:3
chart [2] 37:20 40:24
checkmark [3] 48:25 49:3 49:5
chemotherapy [1] 27:1
chest [3] 8:20 46:18 49:13
choose [1] 5:16
chronic [2] 20:10 20:21
circle [2] 11:12 11:13
circumstance [1] 30:19
circumstances [4] 27:2 31:6 32:6 56:7
cited [1] 13:23
Civil [1] 3:6
classic [1] 30:20
classically [1] 46:6
clear [2] 27:13 49:13
clear-cut [1] 25:24
Cleveland [18] 1:22 1:23 2:5 2:7 2:15 2:19 3:24 3:25 4:7 4:8 4:12 10:23 12:24 31:16 56:21 57:22 59:7 62:14
Clinic [12] 1:22 2:7 3:24 4:7 4:8 4:12 10:23 12:24 31:16 56:21 57:22 59:7
clinical [8] 7:6 29:15 42:2 43:18 46:9 52:2 52:25 53:25
clinically [4] 43:10 44:1 44:6 53:10
clinician's [1] 29:6
closed-space [1] 23:4
closely [1] 17:15
clues [1] 7:6
Co [2] 2:3 2:12
coagulase-negative [4] 17:9 26:18 27:24 57:24
code [1] 3:17
cognizant [1] 19:11
colleague [1] 13:10
collect [1] 25:15
collected [2] 26:10 26:22
colonic [1] 20:23
Colvin [38] 1:4 1:6 4:2 4:6 10:5 12:16 13:3 17:17 18:8 31:14 31:15 31:18 31:22 33:7 33:20 35:10 35:23 37:7 37:23 39:25 41:16 44:17 45:1 45:10 45:19 45:24 48:12 50:20 51:12 52:19 54:12 56:1 56:20 57:21 58:8 59:16 59:18 59:24
Colvin's [5] 21:1 54:18 57:16 59:5 59:9
combined [1] 22:20
comment [3] 19:18 47:14 50:25
commented [2] 38:3 38:18
commission [2] 61:25 62:18
commissioned [1] 62:6
common [5] 1:1 17:12 20:3 20:4 26:20
communicate [1] 52:3
communicated [1] 52:8
comorbidity [1] 30:19
compared [1] 17:13
compelling [1] 44:4
completed [1] 62:11
complex [1] 20:5
complicated [1] 8:19
complication [2] 15:25 19:13
complications [3] 59:12 59:19 59:20
conceivable [2] 45:6 57:17
Conceivably [1] 39:3
concern [5] 26:20 29:16 43:25 48:5 48:11
concerned [1] 54:25
concerns [1] 43:20
concluded [1] 60:8
condition [1] 53:25
conduct [1] 50:19
confidence [1] 22:16
confine [1] 37:4
confirm [2] 49:7 58:6
congestive [2] 20:2 31:4
conjunctiva [1] 36:17
conjunctival [1] 40:12
consider [1] 14:6
consistent [1] 43:6
consult [4] 32:13 32:18 32:22 33:25
consultants [1] 32:7
consultation [1] 35:20
consulted [3] 56:6 57:1 57:2
consulting [1] 30:2
contact [3] 55:25 56:5 56:16
contacted [1] 56:11
contained [4] 14:11 15:11 23:4 33:5
containing [1] 38:25
contaminant [1] 26:21
continued [2] 47:22 53:3
conversation [1] 13:8
cooking [1] 44:16
copy [2] 9:15 41:3
correct [35] 4:10 9:20 10:2 10:6 10:7 10:17 10:18 10:24 15:13 17:25 18:9 18:10 25:10 25:14 31:23 31:24 32:23 37:8 37:10 38:7 41:9 42:4 47:1 47:2 48:20 49:11 50:4 50:5 50:17 54:10 56:14 56:18 58:9 58:18 62:9
correction [1] 48:19
corrections [2] 9:22 61:4
correctly [1] 25:5
costovertebrosacral [1] 36:24
counsel [6] 1:22 5:5 5:16 5:18 13:15 58:4
County [2] 1:2 62:3
couple [3] 15:8 48:6 54:7
course [4] 12:6 42:2 52:25 58:4
courses [1] 45:8
court [2] 1:1 5:20
criteria [1] 25:18
criticism [1] 59:15
culture [12] 23:5 23:10 23:11 23:14 23:25 24:20 38:21 39:7 39:15 39:20 47:14 54:2
cultures [32] 22:23 23:13 23:20 23:21 24:13 25:4 25:7 25:14 26:10 26:12 39:4 44:3 44:11 44:14 44:15 44:19 45:2 45:3 45:3 47:17 48:3 48:8 48:11 50:13 51:20 52:4 52:23 53:4 53:10 53:15 54:5 54:8
culturing [1] 24:5
cured [1] 59:11
current [3] 3:21 12:10 15:18
curriculum [6] 9:16 9:18 9:23 11:6 11:11 15:6
custom [1] 35:13
cutaneous [2] 7:6 19:23
Cuyahoga [2] 1:2 62:3

-D-

damage [1] 28:10
data [1] 23:17
date [2] 1:24 42:10
dated [2] 32:17 48:16
David [7] 1:13 1:16 3:4 3:9 3:13 61:18 62:6
day's [1] 39:16
days [9] 31:22 37:8 37:14 42:15 46:6 47:17 53:16 54:1 54:7
deal [2] 11:8 11:12
dealing [2] 9:11 14:25
death [3] 58:25 59:3 59:6
decision [1] 30:15
Defendant [7] 2:7 2:11 2:16 5:25 6:13 6:16 7:25
Defendants [2] 1:11 7:16
defense [4] 6:20 6:21 6:22 8:7
define [2] 26:10 33:9
defined [1] 31:4
definition [2] 49:15 55:2
degree [3] 19:7 19:10 41:20
dehiscence [2] 28:1 43:7
delay [1] 58:21
density [5] 41:8

41:13 41:18 42:9 43:5
'Department [1] 3:23
depend [1] 26:15
depending [3] 19:2 19:20 29:12
deposed [1] 3:7
deposition [12] 1:13 1:16 3:1 4:14 4:19 5:15 7:10 8:10 9:15 12:13 60:8 62:10
depositions [1] 5:5
describing [1] 15:9
Desk [1] 3:23
despite [2] 31:2 31:5
detailed [1] 35:21
details [3] 7:20 17:22 57:10
determine [2] 29:19 55:8
determining [1] 40:2
develop [2] 7:4 21:21
developed [4] 8:21 58:8 58:17 59:21
developing [1] 45:20
develops [1] 22:10
deviations [2] 36:8 37:3
diagnosed [2] 7:8 24:5
diagnosis [20] 19:11 22:13 22:15 22:18 22:22 22:25 23:16 23:21 24:1 25:20 26:5 26:13 29:1 29:11 40:5 41:24 44:4 46:9 46:20 55:12
diagnostic [2] 29:21 43:20
DIANE [1] 1:4
diary [2] 47:15 47:19
dictated [2] 42:1 52:24
died [1] 59:22
differ [2] 21:16 22:2
difference [2] 45:7 45:8
different [3] 21:22 22:2 42:21
differential [6] 22:25 29:1 29:11 43:19 46:20 55:12
differentiating [1] 17:3
directing [1] 53:21
disagreed [1] 35:6
discharge [6] 42:14 42:16 43:2 45:15 51:18 53:8
discharged [8] 42:18 51:14 51:17 51:21 53:25 54:6 54:19 57:8
discretion [1] 51:22
discuss [1] 59:5
discussed [3] 13:6 13:13 13:16
discussion [2] 31:3 31:7
discussions [2] 31:12 58:4
disease [12] 3:23 14:6 14:9 15:16 15:21 17:16 30:4 30:8 32:7 34:5 37:17 52:20
diseases [1] 10:16
disproportionately [1] 17:12
doctor [16] 3:11 9:14 10:1 10:15 11:6 27:11 29:9 30:2 33:10 37:3 43:13 53:12 56:19 58:5 58:20 60:1
doesn't [2] 38:1 45:7
done [9] 13:3 22:23 23:10 35:15 42:17 43:2 45:2 45:3 51:7
dose [1] 45:6
doses [3] 25:3 44:20 48:6
doubt [2] 54:20 55:6
down [4] 5:20 35:2 35:24 44:7
Dr [16] 13:10 33:24 34:3 34:10 35:6 37:18 48:15 48:23 49:17 50:6 51:7 52:3 53:13 55:25 56:11 56:17
drainage [1] 38:13
drained [2] 39:11 45:12
drawn [1] 44:19
due [5] 20:11 20:25 24:16 24:19 43:21
duly [3] 3:6 62:5 62:7
during [3] 5:15 56:23 57:3

-E-

E [1] 2:9
early [5] 17:3 17:7 17:19 18:1 18:8
East [1] 2:19
echo [14] 40:16 40:23 41:3 41:7 41:8 41:12 41:18 41:19 42:7 42:9 42:14 43:1 43:5 44:3
echocardiograms [2] 13:3 26:4
echocardiographer [1] 42:3
echocardiographic [2] 25:25 41:22
echocardiography [2] 42:1 52:24
echos [1] 41:1
editing [1] 57:12
effect [2] 25:6 41:11
eight [2] 6:8 44:14
either [4] 38:22 56:1 56:17 62:12
elevated [5] 46:15 46:21 55:9 55:15 55:19
elicited [3] 34:25 35:14 35:16
emboli [4] 27:3 27:4 30:23 40:12
embolic [1] 20:5
emergency [3] 7:3 7:9 57:8
employer [2] 4:6 4:9
end [1] 53:16
endocarditis [82] 9:12 11:9 11:13 11:20 12:5 15:1 15:10 15:23 16:11 16:23 17:1 17:8 17:10 17:13 17:15 17:19 18:2 18:3 18:9 18:13 18:17 18:24 19:8 19:15 19:23 20:2 20:13 20:18 20:19 20:24 21:8 21:16 21:17 21:22 22:4 22:8 22:10 22:14 22:24 23:24 24:3 24:12 24:19 25:21 26:14 26:23 27:8 27:12 27:21 28:5 28:13 28:20 28:25 29:20 30:3 30:12 30:22 30:24 32:19 33:8 33:15 36:16 39:11 40:3 40:9 41:21 43:6 45:21 46:1 46:2 47:7 48:1 49:14 54:13 54:18 54:21 55:5 57:25 58:9 58:17 59:10 59:22
endovascular [2] 23:2 23:16
energy [1] 44:8
entails [1] 54:17
enter [1] 5:16
enterococcal [1] 20:24
entity [2] 4:12 15:8
epidemiologic [1] 15:6
epididymides [1] 37:1
episodes [1] 20:5
episodic [1] 23:3
erythrocyte [4] 21:6 46:22 55:16 55:18
especially [3] 16:20 19:22 20:7
ESQ [4] 2:4 2:8 2:13 2:18
ESTATE [1] 1:5
ET [1] 1:10
Euclid [2] 1:23 3:24
evaluation [2] 29:21 57:11
evaluations [1] 56:1
event [1] 62:12
eventually [2] 23:11 59:22
evidence [3] 25:25 26:1 31:1
evident [2] 22:19 25:24
exactly [2] 29:14 34:24
exam [7] 29:13 29:23 36:2 36:6 36:9 36:22 50:20
examination [4] 1:18 3:5 3:9 36:22
examined [3] 36:25 37:2 39:22
example [1] 24:3
excellent [1] 51:1
exclude [2] 40:5 43:23
excluding [1] 46:10
Exhibit [2] 3:2 9:20
exists [1] 12:8
expectancy [1] 59:13
expectation [2] 53:7 54:8
experience [1] 20:16
expert [6] 4:25 6:3 6:7 6:20 6:21 7:18
expires [2] 61:25 62:18
explicitly [1] 48:9
express [1] 38:5
expressed [5] 36:13 38:14 38:19 50:3 51:2
extensive [1] 34:23
extent [2] 28:9 28:9

-F-

fact [11] 19:12 20:15 29:20 32:4 36:14 38:2 40:1 41:23 44:1 44:13 48:10
factors [3] 18:12 18:16 18:19
failure [2] 20:3 31:5
fairly [1] 34:23
falsely [2] 26:3 45:4
family [2] 35:17 57:16
far [1] 30:12
fastidious [4] 23:24 24:9 24:17 24:22
fatigue [2] 28:22 29:5
favor [2] 7:22 9:2
features [1] 35:13
febrile [2] 7:3 54:4
February [17] 12:15 12:17 17:21 17:21 31:22 31:23 32:17 35:19 37:9 42:7 43:3 44:15 44:22 44:24 45:25 50:16 59:24
felt [3] 41:24 52:14 53:1
fever [16] 19:16 19:16 19:21 24:24 28:21 29:4 32:3 33:18 41:16 46:6 46:10 46:15 46:19 47:22 53:3 54:7
fevers [2] 43:20 52:25
few [4] 36:17 47:17 53:15 54:1
fibrillation [1] 36:20
field [3] 14:5 14:10 15:15
fifth [1] 48:23
file [1] 13:21
filed [4] 6:4 13:5 13:10 13:18
finding [2] 41:22 42:21
findings [4] 20:3 35:1 36:6 50:24
fine [2] 51:10 53:1
finish [3] 12:22 18:5 25:11
first [8] 3:6 10:20 29:24 31:25 35:19 44:8 53:13 62:7
five [3] 4:18 49:16

53:18
flag [1] 29:5
focuses [1] 31:7
follow [1] 47:15
followed [1] 52:22
following [9] 32:3 39:16 40:14 44:23 46:7 48:22 53:9 54:22 61:3
follows [1] 3:8
followup [12] 41:25 42:4 42:7 42:14 42:20 50:12 51:20 52:19 53:2 53:20 54:4 54:25
fooled [1] 26 3
foregoing [2] 61:2 62:9
form [1] 12:1
forth [2] 1:25 62:8
fortunately [2] 15:24 19:12
found [1] 57:24
foundation [2] 1:23 2:7
four [2] 26:19 27:9
frame [1] 42:20
frankly [1] 34:22
free [1] 5:23
frequency [1] 19:19
frequent [1] 17:6
frequently [2] 16:4 16:24
friction [2] 46:11 46:15
front [2] 5:23 41:4
fulminant [1] 7:5
fungal [3] 24:3 24:19 30:23

-G-

gallop [1] 36:21
Gary [1] 6:24
general [5] 15:17 27:5 28:12 34:7 52:21
generally [1] 52:14
generated [1] 13:25
gentamycin [1] 44:21
gentleman [1] 8:6
given [3] 9:5 9:9 12:9
glomerulonephritis [1] 20:5
glove [1] 38:10
Goldwasser [1] 6:24
gone [1] 34:2
good [1] 39:18
grade [1] 36:10
Gregory [31] 1:5 4:2 4:6 10:5 13:3 17:17 18:7 21:1 31:18 31:22 33:6 33:19 35:10 39:25 41:15 44:17 44:25 45:10 45:19 45:24 48:12 50:20 56:1 56:20 57:15 57:21 58:7 59:5 59:9 59:16 59:18
gground [1] 5:5
group [2] 2:17 24:9
grow [4] 23:14 23:25 24:11 25:7
grows [1] 26:17

-H-

habiby [1] 8:6
hallmark [1] 23:2
hand [3] 5:20 27:25 62:14
handled [1] 52:22
handwriting [1] 49:9
happy [1] 5:10
head [1] 5:20
healed [1] 36:19
hear [1] 40:1
heard [1] 46:12
hearing [1] 46:11
heart [8] 15:25 18:11 19:8 19:21 20:2 31:4 39:23 46:7
heavily [2] 23:21 24:24
helpful [1] 5:21
hematuria [3] 43:24 47:5 47:6
hemorrhages [2] 19:24 40:11
hereby [1] 62:6
herein [1] 1:17
hereinafter [1] 3:7
hereunto [1] 62:13
high [9] 19:7 19:10 22:21 22:21 23:17 28:19 33:7 33:9 41:19
higher [4] 16:19 18:22 18:25 19:2
highest [1] 16:25
highly [1] 27:22
histopathologically [1] 26:6
historical [1] 35:12
history [8] 29:4 29:12 29:23 32:2 34:25 35:11 35:14 41:15
hoc [1] 32:8
home [2] 3:14 3:19
honestly [2] 35:8 57:19
hospital [11] 10:22 10:25 11:1 11:3 37:7 42:14 43:3 45:16 47:20 52:9 54:19
hospitalization [2] 8:22 12:15
hours [2] 7:4 26:11
hundred [2] 54:14 54:23

-I-

ID [1] 32:17
ideally [3] 25:22 26:5 46:10
identification [1] 3:2
identified [1] 15:12
identify [1] 9:17
ill [1] 46:19
illness [1] 7:3
illnesses [1] 28:24
immune [1] 20:4
impact [1] 48:7
Implicit [1] 54:3
important [1] 5:8
impressions [1] 43:17
inartfully [1] 5:10
incidence [9] 16:10 16:15 16:17 16:18 16:20 16:25 18:22 18:25 19:1
incidences [1] 22:1
include [5] 19:16 19:21 20:3 30:22 47:24
included [1] 43:20
including [1] 30:16
increase [4] 18:12 18:16 21:13 30:20
increased [4] 21:6 33:13 44:9 45:20
independent [1] 31:17
index [1] 28:19
indicate [2] 21:2 56:10
indicated [12] 6:2 7:17 12:25 31:11 31:13 31:21 37:22 38:4 40:7 44:5 46:24 53:10
indicates [1] 53:13
indications [3] 27:1 30:17 30:21
indicators [1] 30:10
individual [1] 30:18
indolent [1] 20:22
infected [5] 16:3 30:6 43:9 43:25 58:11
infection [17] 20:10 20:21 21:10 21:12 23:2 23:17 25:25 27:13 27:23 27:25 28:6 28:9 39:2 43:23 46:25 47:4 59:11
infections [1] 23:4
infectious [14] 3:23 10:16 14:6 14:9 15:16 15:21 21:14 30:4 30:8 32:7 34:5 37:17 40:9 52:20
infective [1] 49:14
inflammation [1] 46:8
information [6] 14:11 32:21 33:1 33:5 40:22 58:2
initial [1] 35:6
inner [1] 49:22
inoculum [1] 23:14
inpatient [1] 50:9
instance [1] 56:9
instances [5] 14:13 15:11 24:13 24:18 27:11
interest [1] 35:2
interested [1] 62:12
internal [4] 10:16 12:6 15:17 36:11
internist [1] 52:21
intervention [2] 28:3 30:21
invariably [2] 19:17 46:13
involved [3] 5:2 9:10 22:1
involvement [1] 21:4
involving [1] 36:16
issue [3] 6:25 8:16 8:23
issues [2] 9:11 14:16
item [1] 46:24
items [3] 11:12 12:1 12:4
IV [4] 25:3 27:6 44:18 45:1

-J-

Janeway [2] 19:24 40:12
JEANNE [1] 2:4
Jim [1] 8:9
JOHN [1] 2:13
joints [1] 36:25
jugular [2] 36:12 49:22
July [2] 1:14 62:14
jump [1] 14:17

-K-

Kaiser [11] 12:19 32:5 32:5 32:8 37:17 50:15 51:15 52:5 53:8 56:16 59:6
Karen [3] 1:19 62:5 62:17
keep [1] 15:18
Keith [2] 1:9 2:11
knowledge [1] 9:13
known [1] 32:15
Kruithoff [5] 1:9 2:11 55:25 56:11 56:17

-L-

L.P.A [2] 2:3 2:13
Laboratory [1] 20:8
laceration [2] 8:19 8:24
lacked [1] 36:23
large [3] 12:6 26:1 27:3
last [7] 6:6 8:1 8:15 16:5 54:11 58:12 58:15
late [6] 17:4 17:10 17:14 17:19 18:1 18:8
lawful [1] 3:4
Lawrence [1] 3:13
Leader [1] 2:14
leak [2] 28:1 31:5
leakage [1] 20:2
least [1] 26:11
lecture [1] 12:9
lectured [1] 11:19
lectures [1] 11:22
left [2] 36:18 49:10
left-sided [1] 36:17
legal [1] 55:2
Legionella [1] 24:24
lesions [2] 19:25 40:12
less [5] 4:18 20:3 20:4 20:9 22:16
letter [1] 52:7
leukocytosis [1] 20:11
license [1] 10:11
licensed [3] 10:1 10:4 10:8
life [1] 59:13
likelihood [1] 55:4
likely [1] 28:7

limbs [1] 20:6
limited [1] 15:15
line [8] 35:3 36:18 40:8 40:14 45:19 45:23 48:23 61:5
lines [1] 49:16
list [3] 8:19 20:15 29:24
literature [3] 16:19 22:3 30:17
liver [2] 8:19 8:24
localized [1] 27:25
long-standing [1] 20:21
longer [1] 27:10
Longworth [7] 1:13 1:16 3:4 3:9 3:13 61:18 62:6
look [3] 16:15 40:25 41:6
looked [3] 36:14 39:8 39:17
looking [2] 15:7 51:8
looks [1] 50:25
loss [3] 20:12 20:18 20:25
low [1] 36:10
lower [3] 16:21 23:19 25:8

-M-

M [3] 1:19 62:5 62:17
M.D [8] 1:9 1:13 1:16 2:11 3:4 3:9 61:18 62:6
ma'am [5] 13:24 15:14 33:3 53:5 53:11
makes [1] 49:17
malignancy [1] 20:23
Malone [1] 8:9
man [1] 8:18
managed [1] 28:2
mandated [1] 47:23
mandatory [1] 53:2
Mandel's [1] 14:8
manifestations [1] 20:14
manually [2] 49:18 50:8
margin [1] 49:10
mark [1] 40:17
mark'd [1] 3:2
marked [1] 9:19
material [8] 12:8 38:5 38:15 38:20 39:1 39:6 39:6 50:4
materially [1] 42:21
matter [2] 14:25 43:9
may [13] 5:16 19:20 23:19 25:5 25:12 41:12 41:20 45:4 46:21 48:6 56:21 57:9 60:2
mean [7] 4:20 14:2 25:9 26:1 26:8 42:15 59:11
means [4] 26:9 29:13 43:9 55:6
mechanical [1] 18:21
media [2] 24:1 24:3
medical [7] 2:17 5:22 5:25 13:22 30:25 31:5 55:3
medically [2] 27:17 28:2
medications [1] 44:23
medicine [5] 10:11 10:16 12:6 15:18 34:7
medium [1] 23:14
member [1] 35:17
meningococcemia [1] 7:5
mention [1] 11:14
mentioned [4] 24:8 37:6 46:16 58:5
Merit [1] 1:19
Michael's [1] 6:12
microbiology [1] 17:14
microhematuria [1] 20:9
might [5] 12:23 25:9 25:11 26:22 32:14
mind [1] 39:20
minds [1] 33:18
mine [1] 34:17
minute [1] 57:13
minutes [1] 53:18
misdated [1] 48:18
Mishkind [1] 2:3
mitral [3] 8:18 40:20 40:21
mixture [1] 27:19
month [2] 16:5 43:2
months [3] 6:8 8:3 42:11
MOORE [1] 2:18
morning [2] 51:6 51:9
mortality [1] 30:24
most [5] 14:7 14:8 14:13 16:23 17:6
motions [1] 5:21
move [1] 27:14
MS [6] 3:10 28:15 42:13 57:12 59:25 60:4
multiple [3] 26:9 30:22 44:2
murder [2] 4:22 9:8
murmur [4] 19:22 19:22 36:21 49:13
murmurs [3] 39:23 39:23 40:1
Murphy [1] 2:12
must [3] 5:18 28:25 30:18

-N-

name [4] 3:12 6:9 6:18 8:15
named [5] 5:2 5:24 7:25 8:6 62:6
national [1] 16:15
native [5] 17:13 17:16 20:18 22:3 24:4
necessarily [3] 39:12 52:21 54:9
neck [2] 41:17 51:6
need [4] 19:11 41:25 52:19 52:23
needed [2] 43:22 54:9
negative [10] 22:21 23:5 23:11 24:20 25:12 25:15 39:3 44:2 44:14 45:5
negligence [3] 5:25 6:25 8:16
nervous [1] 20:6
never [4] 10:14 11:5 13:13 24:14
new [1] 19:21
next [3] 43:14 48:25 54:7
night [4] 28:21 29:4 36:11 41:16
nine [1] 39:3
nodes [2] 19:24 40:11
nods [1] 5:20
nondescript [1] 7:3
none [4] 7:5 12:21 14:17 37:6
nonspecific [1] 28:23
nor [2] 13:12 43:9
normal [8] 33:11 34:19 34:21 36:1 36:9 36:25 37:1 37:4
normally [1] 52:10
Notary [4] 1:20 61:24 62:5 62:17
notation [1] 48:24
notations [1] 13:22
note [39] 32:4 32:10 33:25 34:16 34:20 35:6 35:7 35:9 35:17 35:20 36:4 36:12 36:13 37:20 37:24 38:1 39:16 40:6 40:15 43:24 44:8 44:13 48:15 48:19 48:20 48:21 48:24 49:17 50:7 50:16 51:5 51:18 53:12 53:13 53:14 53:17 54:20 55:5 61:3
noted [4] 15:5 35:1 49:7 51:18
notes [12] 12:14 12:16 13:20 14:1 34:23 35:12 38:16 38:23 44:22 52:2 52:2 55:11
nothing [1] 62:7
notice [2] 1:21 13:11
notification [1] 13:9
now [30] 6:2 7:17 9:14 10:15 12:9 14:20 27:11 31:11 31:17 33:4 36:4 37:22 39:22 40:6 40:15 41:6 44:10 45:24 46:23 48:12 48:23 49:16 50:6 50:16 50:25 51:11 53:12 53:22 55:15 56:19
number [4] 11:7 11:14 12:7 46:24
numbers [1] 11:15
nutritionally [1] 24:23

-O-

o'clock [2] 1:24 60:8
oath [1] 5:7
objection [5] 5:16 28:15 28:16 29:8 42:10
observation [1] 49:8
observe [2] 47:12 50:8
observed [3] 37:22 41:17 46:17
observing [1] 54:22
obtain [2] 25:11 40:22
obtained [2] 45:3 48:11
occasion [1] 30:9
Occasionally [2] 20:10 27:9
occasions [3] 4:24 5:1 15:8
occlusive [1] 27:4
occult [1] 20:22
occurs [2] 17:2 46:6
October [1] 62:18
odd [1] 37:13
off [5] 47:12 47:17 50:8 53:3 53:15
office [2] 2:4 62:14
offices [1] 1:22
often [6] 15:22 20:9 27:23 28:2 35:2 46:18
Ohio [17] 1:2 1:21 1:23 2:5 2:9 2:15 2:16 2:19 3:5 3:16 3:25 6:4 10:2 62:2 62:5 62:14 62:17
Once [1] 4:22
one [16] 4:25 13:17 14:20 16:17 16:24 18:14 22:15 22:17 26:2 27:20 28:25 29:10 42:8 53:16 54:23 60:1
ones [2] 9:6 17:12
onset [1] 17:14
open [1] 46:7
operate [1] 30:15
opinion [22] 17:18 17:24 18:7 25:19 26:13 33:7 42:6 42:23 42:24 43:4 43:13 52:19 57:11 58:7 58:10 58:14 58:16 58:20 58:23 58:24 59:2 59:12
opinions [1] 57:6
opportunity [3] 31:14 35:4 43:16
opposed [2] 21:20 23:2
order [1] 29:18
ordered [1] 32:12
organism [9] 16:23 17:7 19:2 19:21 21:25 24:5 24:10 26:15 27:19
organisms [6] 20:22 23:24 24:8 24:17 24:23 26:21
origin [1] 21:14
Osler's [2] 19:24 40:11
otherwise [2] 5:12 62:12
ours [1] 16:1
outcome [1] 28:7
outline [1] 11:23
outpatient [1] 50:9
overall [1] 16:14

own [1] 20:16

-P-

P-O-G-G-I [1] 33:24
p.m [2] 1:24 60:8
page [6] 35:19 40:15 44:8 48:22 61:3 61:5
pain [1] 46:18
participate [1] 15:3
participated [1] 14:24
particular [7] 14:16 14:22 16:14 16:24 25:18 52:18 56:9
particularly [2] 29:2 37:15
party [1] 62:12
pass [1] 10:19
passed [1] 57:25
past [1] 11:24
pathogens [1] 25:1
patient [35] 5:3 7:8 18:11 18:15 19:8 21:19 21:20 22:9 23:9 24:12 25:2 26:16 28:11 28:13 28:20 29:2 29:7 30:3 30:6 30:11 31:8 31:9 32:5 32:11 32:13 33:2 33:12 33:14 34:11 34:20 35:15 36:2 38:24 51:9 56:5
patient's [1] 30:18
patients [19] 15:22 16:3 18:21 18:23 18:24 18:25 20:17 20:20 22:24 23:15 24:24 29:1 29:14 29:19 32:6 32:8 33:11 35:3 46:21
Patterson [3] 1:19 62:5 62:17
Pause [1] 57:14
paused [1] 23:22
people [1] 24:20
people's [1] 33:18
Pepper [1] 3:15
percent [8] 15:21 16:18 24:15 24:16 30:24 54:14 54:23 55:4
percentage [2] 15:20 27:16
Perhaps [1] 8:3
pericardial [1] 46:11
pericardium [1] 46:8
period [1] 25:4
peripheral [3] 27:3 36:15 40:12
Permanente [1] 2:16
Perrysburg [1] 2:9
person [1] 37:17
personal [3] 13:20 13:21 13:25
personally [4] 5:2 35:11 35:14 35:22
petechiae [1] 40:13
phrased [1] 5:9
physical [6] 29:13 29:23 35:1 36:2 36:9 50:19
physician [3] 7:24 31:12 54:16
physicians [10] 13:7 19:11 50:15 51:15 51:21 51:23 52:5 53:8 56:16 59:6
Pike [1] 3:15
place [2] 45:19 62:11
placed [1] 8:20
Plaintiff [9] 1:7 1:17 2:2 6:11 6:14 6:15 6:19 8:4 9:3
Plaintiff's [4] 3:1 6:18 8:13 9:19
Plaintiffs [1] 7:7
plan [4] 47:9 51:12 51:18 51:19
PLEAS [1] 1:1
pleura [1] 46:9
pleural [1] 46:11
Poggi [7] 33:24 34:3 34:10 37:18 48:15 51:8 52:3
Poggi's [5] 35:6 48:24 49:17 50:6 53:13
point [5] 5:15 5:21 11:24 58:12 58:15
Polito [6] 2:12 2:13 28:16 29:8 42:10 60:3
portion [1] 40:7
positive [6] 24:14 26:3 26:9 26:12 26:19 28:7
possession [2] 11:25 12:3
possibility [1] 29:25
possible [3] 27:12 31:8 55:21
postcardiotomy [5] 43:22 46:4 46:5 55:14 55:22
potential [1] 39:1
practice [6] 10:1 10:11 15:15 35:24 36:1 40:25
predicted [1] 22:22
prepared [1] 12:10
presence [2] 30:16 30:23
present [8] 18:6 19:17 22:13 23:12 25:13 25:19 45:15 46:13
presentation [4] 7:7 29:15 34:11 34:18
presented [2] 29:17 34:1
presenting [1] 33:17
presents [2] 28:11 28:21
pressure [1] 38:11
presume [1] 37:21
presumptive [1] 25:20
pretreated [1] 24:24
preventable [1] 58:25
previously [6] 15:12 24:8 26:17 31:11 31:21 58:6
primary [6] 50:11 50:13 51:15 51:21 51:23 52:8
privileges [3] 10:23 10:25 11:3
procedure [6] 3:6 33:16 34:9 34:19 34:21 56:4
produced [3] 23:24 28:1 28:24
professional [1] 4:11
progress [1] 52:2
prolonged [2] 8:22 45:8
prominent [2] 20:17 29:10
prostheses [1] 18:22
prosthetic [63] 11:8 11:13 11:19 14:25 15:9 15:23 16:10 16:22 17:7 17:14 17:18 18:2 18:8 18:11 18:13 18:15 18:17 19:8 19:15 20:1 20:13 20:17 20:19 21:7 21:16 21:20 22:8 22:10 22:13 24:4 25:20 26:14 26:23 27:7 27:12 27:21 28:5 28:20 28:24 29:3 30:3 30:11 30:22 30:23 33:12 33:14 38:24 39:2 40:3 41:12 41:20 43:6 45:20 46:1 47:7 47:25 54:20 55:5 57:25 58:8 58:17 59:9 59:21
provide [2] 4:11 56:19
provided [5] 3:5 9:14 12:17 33:1 41:16
Providence [1] 3:15
proximity [1] 8:23
prudent [1] 39:5
Public [4] 1:20 61:24 62:5 62:17
publications [5] 11:7 14:14 14:18 15:5 15:12
published [1] 16:19
purposes [1] 3:2
pursuant [1] 1:21
pursue [1] 30:1
purulent [6] 38:5 38:15 38:19 39:1 39:6 50:4
pus [3] 36:13 51:2 51:6
put [1] 11:13
PVE [4] 18:22 20:11 22:3 43:25

-Q-

qualified [1] 62:6
question-and-answer [1] 5:7
questionable [1] 41:11
questions [5] 5:8 35:23 60:1 60:3 60:4
quite [2] 34:22 46:19
quotation [1] 35:18
quote [2] 35:18 44:9

-R-

raise [1] 41:19
rales [1] 36:17
rare [5] 15:24 19:12 20:19 23:23 27:2
rarely [1] 24:4
rate [8] 16:17 16:18 16:25 21:7 21:13 46:22 55:16 55:18
rates [1] 16:20
rather [1] 28:14
read [4] 32:17 41:1 49:12 61:2
readmitted [2] 56:20 57:21
reason [2] 23:22 39:19
reasonable [1] 59:13
reassurance [1] 25:16
recalled [1] 13:12
receive [2] 16:3 58:1
received [6] 7:9 25:3 44:18 44:20 45:1 58:3
receiving [1] 32:21
recent [1] 23:15
recheck [3] 47:16 48:2 53:14
recollection [11] 31:13 31:17 32:20 32:24 32:25 34:13 50:2 55:24 56:15 57:4 59:8
recommendation [3] 51:24 52:4 53:19
recommendations [2] 30:5 30:13
recommended [1] 42:3
record [7] 9:17 11:15 31:20 33:5 34:23 51:8 56:10
records [8] 5:22 12:20 12:24 13:22 17:20 31:15 35:5 41:4
recovered [1] 8:22
red [2] 20:9 29:5
redated [1] 48:17
reduce [1] 45:9
reduced [2] 11:22 62:8
refer [2] 5:22 44:12
reference [4] 40:16 41:8 49:17 50:7
referral [2] 16:1 27:19
referring [1] 40:10
refine [3] 21:18 22:5 23:7
reflect [4] 32:10 35:12 38:1 44:22
reflected [2] 37:20 38:16
reflects [6] 36:12 36:14 39:16 44:13 46:8 51:5
regard [17] 7:23 12:11 16:22 17:17 23:22 26:16 31:25 34:14 36:4 39:25 40:2 40:22 41:15 43:18 50:23 55:2 56:13
regarding [3] 12:16 32:18 55:25
regardless [1] 53:24
Registered [1] 1:19
regurgitant [1] 19:22
relapse [1] 30:25
related [2] 8:25 11:16
relative [2] 22:1 62:12
relevance [1] 14:16
reliable [1] 14:7
rely [3] 23:13 23:20 41:1

remained [1] 54:4
remember [7] 8:15 32:14 32:15 35:8 35:13 52:16 57:19
removal [2] 30:6 30:13
removed [4] 49:18 49:25 50:8 51:6
rendered [4] 4:1 4:5 10:5 59:16
repair [1] 8:19
replacement [7] 16:11 27:2 27:14 27:23 30:14 32:3 40:21
report [2] 34:14 41:1
reporter [2] 1:20 5:20
represent [1] 15:6
representative [1] 27:20
REQUESTED [1] 61:5
requesting [1] 32:22
required [3] 5:17 26:13 27:7
requires [1] 27:23
research [2] 14:24 15:4
resident [7] 33:21 33:23 34:3 34:6 34:8 37:18 52:13
resolved [3] 7:15 9:1 9:2
responsibility [1] 53:9
restate [1] 5:11
result [2] 23:11 25:12
results [1] 48:7
retained [1] 37:25
retrieval [1] 27:3
retrospective [1] 15:7
review [8] 12:6 31:15 31:20 33:4 34:20 35:5 35:21 60:5
reviewed [6] 12:12 12:14 12:19 13:2 17:20 42:8
revoked [2] 10:13 11:4
right [9] 14:20 36:11 41:14 49:2 49:19 49:22 49:24 51:6 53:21
ring [3] 26:2 26:4 31:4
risk [8] 18:13 18:17 30:20 33:7 33:9 33:11 33:13 45:20
River [1] 2:9
Road [2] 2:9 3:15
Roetzel [1] 2:18
room [3] 7:3 7:9 57:8
rough [1] 15:19
routine [1] 23:25
routinely [2] 7:21 32:5
rub [5] 36:21 46:11 46:15 49:13 49:14
Ruben [1] 8:15
rule [6] 45:25 46:25 47:3 54:12 54:17 54:24
rules [2] 3:6 5:5
ruling [1] 54:17

-S-

S [1] 2:13
S32 [1] 3:24
saw [25] 31:21 32:1 32:11 33:2 33:8 33:19 35:10 37:8 37:11 37:19 37:24 38:6 44:10 45:24 47:10 50:20 51:9 51:16 53:6 54:11 55:10 58:11 58:12 58:15 59:24
says [7] 41:10 42:5 43:24 44:8 50:25 51:18 54:20
Schmidt [1] 13:10
seal [1] 62:14
second [3] 34:4 40:8 40:15
sedimentation [5] 21:7 21:13 46:22 55:16 55:18
see [20] 15:22 16:3 22:9 25:22 26:18 32:5 32:8 32:9 32:13 34:2 34:16 34:22 35:17 36:15 41:2 48:12 48:21 49:20 56:23 57:2
seeding [2] 19:3 45:23
seeing [3] 32:1 32:2 50:2
seem [2] 18:24 19:1
sees [1] 27:20
selected [1] 27:1
send [4] 29:5 38:20 39:20 47:15
sending [3] 39:6 39:15 47:13
sensitivity [4] 23:15 23:20 25:8 45:9
sepsis [2] 8:21 8:24
serial [1] 22:23
series [1] 27:20
serologically [1] 24:2
served [2] 6:6 7:18
services [1] 4:11
serving [1] 6:19
session [1] 5:7
set [3] 1:24 62:8 62:13
setting [1] 25:15
several [7] 4:23 6:3 9:4 26:11 29:4 30:16 44:20
shape [1] 31:8
show [1] 23:11
shown [2] 42:9 42:21
sick [1] 31:9
sign [3] 21:10 21:11 22:7
signature [2] 32:16 60:7
significance [2] 14:23 40:2
significant [1] 20:1
signs [7] 19:14 19:18 19:19 21:15 21:22 21:24 22:2
single [1] 14:17
single-family [1] 3:19
sit [2] 14:15 31:16
site [4] 45:18 49:23 50:25 51:10
six [3] 6:8 27:9 46:6
skills [1] 15:18
skin [4] 26:20 36:16 40:8 48:25
SKIVER [4] 2:8 29:9 43:15 60:5
Skylight [1] 2:4
slightly [1] 22:2
solitary [1] 14:17
someone [1] 12:10
sometimes [2] 30:4 46:18
somewhere [1] 16:17
sooner [2] 28:4 28:14
sorry [1] 6:15
source [3] 22:19 39:1 45:23
speak [1] 57:15
speaking [1] 52:16
speaks [1] 48:11
specialist [2] 30:4 52:20
specialized [1] 24:2
species [1] 17:11
specific [3] 21:11 22:8 32:21
specifically [9] 11:8 11:12 12:16 36:14 36:21 36:23 38:17 43:24 52:3
specified [1] 62:11
spine [1] 37:2
spleen [1] 20:7
splenomegaly [2] 20:4 36:24
splinter [2] 19:24 40:11
spoke [2] 40:4 41:24
spoken [1] 52:17
SS [1] 62:2
St [1] 6:12
stand [1] 35:9
standard [1] 14:10
staph [6] 20:11 24:7 26:18 26:21 27:21 27:24
staphylococcal [1] 57:24
staphylococci [1] 17:9
state [7] 1:20 3:11 10:2 48:9 62:2 62:5 62:17
statement [2] 42:5 53:21
states [1] 10:9
status [1] 43:18
statute [1] 1:18
stenotypy [1] 62:8
STEPHEN [1] 2:8
sternal [1] 36:19
stigmata [7] 7:6 19:23 20:8 36:15 40:8 40:9 49:14
still [4] 5:17 12:8 23:12 42:13
stipulations [1] 1:21
stitch [13] 36:12 37:23 37:25 38:20 43:21 45:11 45:15 49:18 49:25 50:7 50:23 55:13 55:19
stopped [1] 44:23
Street [2] 2:5 2:19
Strep [1] 20:23
streptococci [1] 24:23
strongly [1] 52:15
studies [2] 15:6 53:2
study [1] 42:20
subacute [1] 32:18
subject [2] 11:19 14:25
Subscribed [1] 61:20
subsequent [3] 17:22 42:2 42:16
subsequently [3] 8:21 12:9 13:14
successfully [2] 28:2 59:10
such [9] 8:2 12:4 13:25 16:1 19:23 20:8 26:21 29:1 46:21
suffered [1] 59:19
suggest [1] 47:18
suggested [6] 16:19 47:13 48:2 48:10 51:24 54:21
suggesting [1] 23:18
suggestion [1] 52:3
suggests [1] 35:22
suit [1] 5:25
Suite [2] 2:4 2:14
superficial [1] 39:10
Superior [1] 2:14
surgery [11] 15:25 16:12 16:21 27:2 27:24 30:20 31:10 32:4 45:16 46:7 58:22
surgical [5] 28:3 30:13 30:17 30:21 33:16
surmise [1] 32:10
survived [1] 8:22
suspect [2] 29:25 43:25
suspended [2] 10:12 11:4
suspicion [2] 28:19 41:20
sustained [5] 22:18 23:1 25:22 26:7 31:1
suture [7] 37:25 40:18 41:11 41:23 41:25 50:3 51:5
sweats [3] 28:21 29:4 41:16
Switzer [1] 2:12
sworn [3] 3:7 61:20 62:7
syllabus [3] 11:23 12:8 12:10
symptom [2] 20:17 22:7
symptoms [11] 19:14 19:19 19:20 20:16 21:15 21:22 21:24 22:2 28:23 29:18 46:14
syndrome [8] 8:21 8:24 43:22 46:4 46:5 46:5 55:14 55:22
syringe [1] 38:9
system [1] 20:6
systems [1] 35:22

-T-

tail [1] 53:16
taking [1] 58:21
taped [1] 12:1
tapes [1] 13:3
taught [1] 11:18
team [3] 50:11 50:13 52:8
TEE [2] 40:17 42:4
tells [1] 5:18
temperature [5] 36:10 47:15 47:16 47:19 47:21
temperatures [2] 44:7 55:9
ten [1] 46:6
tend [1] 18:22
tenderness [1] 36:24
tends [1] 27:22
terms [2] 5:11 30:19
test [1] 29:23
testes [1] 37:1
testified [1] 53:18
testify [1] 62:7
testimony [9] 7:13 7:24 8:1 8:10 8:11 9:5 9:9 62:8 62:9
testing [1] 29:21
textbook [2] 14:5 14:9
Thank [2] 11:18 60:6
therapy [4] 30:25 31:1 31:3 31:5
Thereupon [1] 3:1
thinking [2] 29:6 41:23
thought [8] 34:24 39:9 39:10 39:13 41:23 43:19 55:4 55:12
three [6] 16:7 26:19 37:8 37:14 42:11 42:15
through [4] 12:15 17:21 31:9 61:3
Thursday [1] 1:14
times [2] 4:17 6:3
timing [1] 31:7
today [1] 14:15
together [1] 34:2
too [1] 31:9
TOSTI [5] 2:4 3:10 42:13 57:12 59:25
towards [1] 27:14
Tower [1] 2:4
tract [3] 43:23 46:25 47:4
transcribed [1] 62:9
transcript [1] 61:2
transcription [1] 62:9
transesophageal [6] 40:16 40:23 41:19 42:7 43:1 44:3
treat [1] 28:13
treatable [1] 27:16
treated [5] 26:17 26:24 26:25 28:5 59:10
treating [1] 7:24
treatment [1] 27:6
trending [1] 44:7
trial [3] 4:22 7:13 8:10
true [3] 28:8 58:19 62:9
truth [3] 62:7 62:7 62:7
tube [1] 8:20
turn [1] 24:14
two [15] 4:25 8:3 16:7 23:19 23:19 24:15 24:16 26:22 31:22 33:17 36:13 38:5 38:25 45:7 55:19
two-day [1] 21:4
two-week [1] 25:4
type [2] 17:19 38:13
types [1] 29:18
typical [3] 16:8 16:9 25:1

-U-

ultimately p] 7:4 57:23 59:21
uncommon [1] 20:14
under [4] 1:18 5:7 40:7 46:24
undergo [1] 30:6
undergone [1] 8:18
understand [3] 5:8 5:9 25:5
understood [1] 5:13
unexplained [1] 47:5
unless [1] 5:17
unquote [2] 35:19 44:9
unremarkable [1] 36:23
unusual [1] 15:9
Up [3] 29:5 50:9 53:9
urinary [3] 43:23 46:25 47:3
urine [2] 20:10 47:13
isual [2] 34:9 56:4
isually [3] 24:16 31:7 45:6
itilizing [1] 24:2

-V-

/alue [1] 22:22
/alve [83] 8:18 11:8 11:13 11:19 15:1 15:9 15:23 15:25 16:11 16:11 16:21 16:22 17:7 17:13 17:15 17:16 17:19 18:2 18:8 18:12 18:13 18:16 18:17 19:3 19:9 19:15 20:1 20:2 20:13 20:18 20:19 20:19 21:8 21:16 21:20 22:3 22:8 22:10 22:13 25:20 26:14 26:23 27:1 27:7 27:12 27:14 27:21 27:23 28:1 28:5 28:20 28:25 29:3 30:3 30:7 30:11 30:14 30:22 30:23 31:5 32:3 33:12 33:14 38:24 39:2 40:3 40:20 40:21 41:12 41:21 43:6 45:16 45:20 46:1 47:7 47:25 54:21 55:5 57:25 58:8 58:17 59:9 59:22
/alves [2] 18:23 24:4
/alvular [2] 22:12 28:10
/ariable [1] 19:1
/ariant [1] 24:23
/arious [1] 15:7
/ary [2] 19:20 21:25
/egetation [1] 26:4
/egetations [4] 22:12 22:16 22:20 26:1
/erbally [3] 5:19 52:11 58:3
/erified [1] 35:25
/ideo [3] 7:14 11:23 12:1
/igilance [2] 19:7 19:10
/irulent [1] 27:22
/iscera [1] 20:7
/isit [3] 36:5 51:3 51:11
/itae [6] 9:16 9:18 9:24 11:6 11:11 15:6
/olumes [1] 16:21
's [1] 1:8

-W-

waived [1] 60:7
warranted [2] 39:5 53:4
week [1] 42:12
weeks [6] 23:19 23:19 27:9 29:4 33:17 46:7
weight [3] 20:12 20:18 20:25
West [1] 2:5
WHEREOF [1] 62:13
whole [1] 62:7
within [9] 22:24 23:18 25:3 42:15 43:2 54:1 62:5 62:6 62:17
without [6] 22:19 23:15 28:3 49:13 59:11 62:11
witness [6] 1:17 4:23 7:19 9:5 60:6 62:13
woman [1] 7:2
won [1] 7:16
workup [5] 30:1 47:23 47:24 47:25 48:4
worsening [1] 31:4
wound [5] 36:19 38:14 39:17 50:3 51:3
write [2] 34:23 35:24
written [6] 12:1 12:14 33:24 34:16 34:20 52:1
wrote [4] 35:9 36:5 49:12 50:16

-Y-

year [2] 34:3 34:4
years [2] 7:21 12:7
yet [1] 23:11
young [1] 7:2
yourself [1] 37:5

-Z-

zip [1] 3:17

THE CLEVELAND CLINIC FOUNDATION

David L. Longworth, M.D.
Chairman
Dept. Of Infectious Disease / S32
Office: 216/444-8841
Appointments: 216/444-8845
Fax: 216/445-9446
E-mail: longwod@ccf.org

August 5, 2000

Stephen A. Skiver, Esq.
Attorney at Law
30025 East River Road
Perrysburg, Ohio 43551

Re: Diane Colvin, etc., et. al v. Keith Kruithoff, M.D., et al.
File No: CCF-10004
~~Longworth Deposition of July 6, 200Q~~

Dear Mr. Skiver:

Thank you for your letter of July 21, 2000, along with the transcript of my deposition. Regrettably, no corrections page was included. I will therefore detail in this letter, which will be notarized, the very minor corrections which are as follows:

1. Page 7, Line 6: "of" should be "at".

2. Page 8, Line 6: "Hibiby" should be "Halevi".

3. Page 8, Line 19: "list" makes no sense and should be deleted; it is a transcription error.

4. Page 13, Line 10: "Schmidt" should be "Schmitt".

5. Page 14, Line 8: "Mandel's" should be "Mandell's."

6. Page 17, Line 11: "species" should read "series," a transcription error.

7. Page 22, Line 22: "predicted" should read "predictive," a transcription error.

8. Page 29, Line 23: "test" should be deleted.

9. Page 36, Line 24: "costovertebrosacral" should read "costovertebral angle:", a transcription area.

10. Page 45, Line 23: "line" should read "valve."

11. Page 48, Line 20: "anotated" is misspelled and should read "annotated."

12. Page 52, Line 22: "would" should read "could", a transcription error.

With the exception of the very minor corrections outlined above, the remainder of my deposition is accurate as transcribed. This letter will be notarized by Ms. Sherrie Elpiner, a Notary Public.

Sincerely yours,

David L. Longworth, M.D.

DLL: se

Sherrie Elpiner

SHERRIE ELPINER
Notary Public - State of Ohia
My Commission Expires February 26,2001