

1 IN THE COURT OF COMMON PLEAS

2 CUYAHOGA COUNTY, OHIO

Doc. 265

3 CHARLES CAMPBELL-NORRIS,
4 a minor, by TAMERA
5 CAMPBELL-NORRIS, his
6 mother and next friend,

7 Plaintiff,

8 -vs-

JUDGE CALLAHAN
CASE NO. 265414

9 OHIO PERMANENTE MEDICAL
10 GROUP, INC., et al.,

11 Defendants.

12 - - - -

13 Deposition of TEODORO LUNA, M.D., taken as if
14 upon cross-examination before Dawn M. Fade, a
15 Registered Professional Reporter and Notary
16 Public within and for the State of Ohio, at
17 Kaiser Permanente Medical Center, 19999 Rockside
18 Road, Bedford, Ohio, at 10:10 a.m. on Thursday,
19 September 8, 1994, pursuant to notice and/or
20 stipulations of counsel, on behalf of the
21 Plaintiff in this cause.

22 - - - -

23 MEHLER & HAGESTROM
24 Court Reporters
25 1750 Midland Building
 Cleveland, Ohio 44115
 216.621.4984
 FAX 621.0050
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APPEARANCES:

Dale P. Zucker, Esq.
Zucker & Trivelli
600 Standard Building
Cleveland, Ohio 44113
(216) 694-3055,

On behalf of the Plaintiff,

Marta J. Hoffman, Es
Boothman, Hebert & Eller, P.C.
One Kennedy Square
719 Griswold, Suite 2006
Detroit, Michigan 48226
(313) 964-0150,

On behalf of the Defendants.

1 TEODORO LUNA, M.D., of lawful age,
2 called by the Plaintiff for the purpose of
3 cross-examination, as provided by the Rules of
4 Civil Procedure, being by me first duly sworn,
5 as hereinafter certified, deposed and said as
6 follows:

7 CROSS-EXAMINATION OF TEODORO LUNA, M.D.

8 BY MR. ZUCKER:

9 Q. Doctor, for the record, please, would you state
10 and spell your full name.

11 A. My name is Teodoro Luna, spelled T-e-o-d-o-r-o,
12 Luna, L-u-n-a.

13 Q. Okay. Doctor, have you ever had your deposition
14 taken before?

15 A. No.

16 Q. Okay. As you know, my name is Dale Zucker. And
17 I represent Charles Campbell-Norris in this
18 lawsuit that has been brought against Kaiser.

19 Sir, what is your residential address?

20 A. Residential address is 8300 Oak Knoll, North
21 Royalton.

22 Q. How do you spell Knoll?

23 A. K-n-o-l-l. North Royalton, Ohio.

24 Q. ZIP?

25 A. 44133.

- 1 Q. Okay. Are you married, sir?
- 2 A. Yes, sir.
- 3 Q. What is your wife's name?
- 4 A. Marilex, M-a-r-i-l-e-x.
- 5 Q. Is she employed, Mrs. Luna?
- 6 A. Yes.
- 7 Q. And what is her profession?
- 8 A. She is a BSN.
- 9 Q. And do you have children, sir?
- 10 A. Yes, I have.
- 11 Q. How many children do you have?
- 12 A. I have four.
- 13 Q. Okay. And the range of their ages, if you
- 14 would?
- 15 A. From 16 to 24.
- 16 Q. Okay. What is your birth date?
- 17 A. June 11, 1934.
- 18 Q. And your birth place?
- 19 A. Philippines, Manila.
- 20 Q. Manila in the Philippines?
- 21 A. Yes.
- 22 Q. Okay. And you are a citizen of this country?
- 23 A. Yes.
- 24 Q. When did you become a citizen?
- 25 A. 15 years ago.

1 Q. Okay. Approximately 15 years ago?

2 A. Approximately, yes.

3 Q. What is your Social Security Number?

4 A. 286-58-3943. Let me verify that.

5 Q. Okay.

6 MS. HOFFMAN: So many numbers to
7 record.

8 A. 286-58-3943.

9 Q. Doctor, did you attend elementary, Junior high
10 school, and high school in the Philippines?

11 A. Yes.

12 Q. Okay. And where did you go to undergraduate
13 school?

14 A. University of Santo Tomas, Faculty of Medicine
15 and Surgery, in Manila, Philippines.

16 Q. Was that Santo Tomas?

17 A. Santo Tomas, S-a-n-t-o.

18 Q. And that is where you attended both
19 undergraduate school and medical school?

20 A. Medical school.

21 Q. Okay. And you underwent an internship, I
22 assume, after graduating from medical school --

23 A. Yes, which --

24 Q. -- is that correct?

25 A. Yes, which is a requirement prior to graduation

1 from Philippines,

2 Q. When did you graduate from medical school?

3 A, 1959.

4 a. And did you graduate with an M.D. degree?

5 A. Yes.

6 Q. And where did you first do any internship?

7 A. At the University Hospitals.

8 Q. In Cleveland, Ohio?

9 A. No. Internship back home prior to graduation.

10 Q. Okay. And was that at the same institution
11 where you attended medical school?

12 A. Yes, yes.

13 Q. Okay. And did you also do your residency at
14 that institution?

15 A. No.

16 Q. Where did you do any residency or residencies?

17 A. I did residencies here in the United States.

18 Q. Okay. So when did you come to the United
19 States?

20 A. 1971.

21 Q. Okay. And where did you do your first
22 residency?

23 A. I did it over at St. John Hospital.

24 Q. Is that in Lakewood, Ohio?

25 A. It's here in Detroit -- in Ohio, somewhere on

- 1 the west side,
- 2 Q. Okay. Did you do your residency in any
- 3 particular area of medicine?
- 4 A. I did my general practice residency for two
- 5 years over at St. John Hospital.
- 6 Q. Did you do any further residencies?
- 7 A. Yes.
- 8 Q. And where was that?
- 9 A. At Mt. Sinai Medical Center here in Cleveland
- 10 for my first year of pediatrics and two years of
- 11 pediatrics residency over at St. John Hospital
- 12 in Detroit, Michigan.
- 13 Q. So you went from St. John's Hospital in
- 14 Cleveland to do a general residency --
- 15 A. Right.
- 16 Q. -- to Mt. Sinai Hospital in Cleveland to do a
- 17 pediatric residency?
- 18 A. Uh-huh.
- 19 Q. And then you went back to a hospital called
- 20 St. John's in Michigan --
- 21 A. Uh-huh.
- 22 Q. -- to do a further residency in pediatrics, is
- 23 that correct?
- 24 A. That's correct.
- 25 Q. Did you do any further residencies?

1 A. Yes.

2 Q. And can you tell me about those?

3 A. I took occupational medicine over at the
4 University of Cincinnati School of Medicine,

5 Q. Okay. And is that it?

6 A. That's it.

7 Q. Okay. Did you ever partake in any fellowships
8 that you recall?

9 A. No.

10 Q. And do you now practice in any particular
11 specialty of medicine?

12 A. I practice both general practice and pediatrics
13 and occupational medicine.

14 Q. Do you have any subspecialties?

15 A. No.

16 Q. Okay. How long have you been practicing in the
17 area of pediatrics?

18 A. 12 years. 12 to 13 years, approximately.

19 Q. And would it be the same for your general
20 practice, then?

21 A. Yes.

22 Q. Okay. And occupational medicine, as well?

23 A. No. Occupational medicine, I would say about
24 ten years.

25 Q. Doctor, when did you go into the private

1 practice of medicine?

2 A, Here in the United States, right after I

3 finished my residency training,

4 Q. You didn't, you did not practice medicine in the

5 Philippines at all?

6 A. I did.

7 Q. You did?

8 A' I did.

9 Q. And in what areas did you practice?

10 A. General practice, pediatrics. I was with the

11 Armed Forces of the Philippines medical corps

12 for 11 years.

13 Q. Was that the United States Army?

14 A. No. It's the Armed Forces of the Philippines.

15 Q. Okay. And you were a physician in the Armed

16 Forces of the Philippines, is that correct?

17 A. That's right. That's right.

18 Q. Okay. And then when you came to this country,

19 you came into private practice, is that

20 correct?

21 A. Not right away. I had to undergo --

22 Q. After you completed your --

23 A. -- residency training.

24 Q. -- residency programs?

25 A. Right.

1 Q. And when you did go into private practice, it
2 was in the area of general practice --

3 A. Right,

4 Q. -- and pediatrics, is that correct?

5 A. That's correct.

6 Q. Okay. Are you board certified in any area of
7 medicine?

8 A. I am not, But I'm board eligible, pediatrics
9 and occupational medicine.

10 Q. You are board eligible in pediatrics, correct?

11 A. Uh-huh, yes.

12 Q. And occupational medicine?

13 A. Yes.

14 Q. Have you ever taken the board certification test
15 for any area of medicine?

16 A. No.

17 Q. Okay. What are your present hospital
18 affiliations, sir?

19 A. Working with Kaiser, I don't have any hospital
20 affiliations because I do not admit patients to
21 the hospital.

22 Q. Okay. Have you ever had any hospital
23 affiliations?

24 A. Yes.

25 Q. Can you tell me about those?

1 A. When I was in private practice, I had hospital
2 affiliations with Grace Hospital here in
3 Cleveland,

4 Q. Can you give me the years, if you recall?

5 A. Approximately, I would say 1983 or '82, '83 to
6 '88 or '89.

7 Q. Okay. Any other hospital affiliations?

8 A. Yes.

9 Q. Can you tell me about them?

10 A, Medina Community Hospital and Lodi Community
11 Hospital.

12 Q. And the approximate times of those affiliations?

13 A. I would say about a couple of years.

14 Q. After Grace --

15 A. After Grace.

16 Q. -- or during Grace?

17 A. Consequently -- I mean at the same time.

18 Q. At the same time?

19 A. Yes.

20 Q. Okay. What is your present professional
21 address?

22 A. Professional address is here in Bedford.

23 Q. 19999 Rockside?

24 A. 19999 Rockside, that's correct, Bedford.

25 Q. Okay. Have you ever been associated with any

1 other doctors in the private practice of
2 medicine?

3 A. Yes. I was in partnership with a practitioner
4 in Medina and Lodi.

5 Q. And his name, sir?

6 A. Dr. Madrilejos, M-a-d-r-i-l-e-j-o-s.

7 Q. And is he the only person that you have ever
8 been in the private practice of medicine with?

9 A. Yes.

10 Q. Okay. And the approximate dates, would those
11 coincide with the time period that you were at
12 Grace Hospital?

13 A. No.

14 Q. Can you tell me the approximate dates of your
15 association with this doctor?

16 A. I would say close to two years.

17 Q. Do you recall when?

18 A. '87, '88, '89, somewhere.

19 Q. And just so that I am clear, that is the only
20 association you have ever had with another
21 doctor in the private practice?

22 A. Correct.

23 Q. Are you presently employed by Ohio Permanente
24 Medical Group, Incorporated?

25 A. Yes.

1 Q. Okay. How long have you been so employed?

2 A. Two years and a half,

3 Q. And prior to that, who were you employed by?

4 A. I was employed with United States Postal Service
5 as a medical officer.

6 Q. As a medical officer?

7 A, Uh-huh.

8 Q. Prior to that, who were you employed by?

9 A. I go work in the emergency rooms and at the same
10 time I was doing my private practice in the
11 afternoon after hours with the post office.

12 Q. When you would go to these emergency rooms, were
13 you working for any agency or company that would
14 send you out to the various emergency rooms?

15 A. Yes.

16 Q. And can you tell me the name of that company?

17 A. Physicians Staffing.

18 Q. Okay. Prior to working for Physicians Staffing,
19 Inc., did you ever work for anybody else?

20 A. No.

21 Q. Are you a member of any medical associations?

22 A. I was a member with American College of
23 Occupational Medicine.

24 Q. Have you ever been a member of any other medical
25 association or society?

1 A. I was a member of the Association of Philippine
2 Practicing Physicians here in Ohio.

3 Q. Have you ever had any training in emergency room
4 medicine?

5 A. No.

6 Q. Are you licensed in the State of Ohio?

7 A, Yes.

8 Q. And do you happen to know, offhand, your License
9 number?

10 A, No.

11 Q. Okay.

12 MR. ZUCKER: Let's go off the
13 record for a minute.

14 - - - -

15 (Thereupon, a discussion was had off
16 the record.)

17 - - - -

18 Q. Then my question was what is your Ohio state
19 license number?

20 A. Identification number is 35-04-8941.

21 Q. Are you licensed in any other states?

22 A. Yes.

23 Q. What other states are you licensed in?

24 A. Michigan.

25 Q. And do you have your license there?

1 A, No.

2 Q. Okay. Have you ever had your application to
3 practice in any state refused?

4 A. No.

5 Q. Have you ever had your privileges to practice in
6 any state suspended or revoked?

7 A, No,

8 Q. Okay. Do you have your DEA license there?

9 A. I don't carry that because it's a big sheet of
10 paper.

11 Q. But you --

12 A. I have the number.

13 Q. You do have a DEA license to prescribe
14 medication, is that correct?

15 A. I do.

16 Q. You don't know your number offhand, do you?

17 A. I don't.

18 Q. Okay. Have you ever had that license suspended
19 or revoked?

20 A. No.

21 Q. Or have you ever had your application for that
22 license turned down?

23 A. No, sir.

24 Q. Okay. Doctor, has your professional conduct
25 ever been the subject of a disciplinary

- 1 proceeding by any entity?
- 2 A. No.
- 3 Q. Okay. Have you ever taught, Dr. Luna? Have you
- 4 ever taught?
- 5 A. Taught?
- 6 Q. Yes. Have you ever been a teacher in medicine?
- 7 A. No, sir,
- 8 Q. Have you ever published any --
- 9 A. Oh, I stand corrected.
- 10 Q. Back to the teaching?
- 11 A. Yes, back to the teaching. When I was in the
- 12 Philippines, I was teaching nurses. The subject
- 13 was neuroanatomy.
- 14 Q. What type of anatomy?
- 15 A. Neuro.
- 16 Q. Neuroanatomy?
- 17 A. Yes.
- 18 Q. That is the only teaching that you have done in
- 19 your career?
- 20 A. Yes.
- 21 Q. In any of the hospitals that you practiced in,
- 22 have you ever taught or trained residents in
- 23 training?
- 24 A. Back home.
- 25 Q. In the United States?

1 A. Not in the United States,

2 Q. Okay. Are any of the hospitals that you worked
3 at teaching hospitals?

4 A. No.

5 Q. Okay. Have you ever published any medical
6 literature?

7 A. No.

8 Q. Okay. Or co-authored any medical literature?

9 A. No, sir.

10 Q. Okay. Doctor, do you presently subscribe to any
11 medical literature on a regular basis?

12 A. Not on a regular basis.

13 Q. Okay. Have you ever subscribed to medical
14 literature?

15 A. Yes.

16 Q. And what types of literature have you subscribed
17 to?

18 A. Pediatric Clinics of North America and Journal
19 of Pediatrics, the American Journal of
20 Pediatrics.

21 Q. Okay. Do you presently subscribe to any medical
22 literature?

23 A. Not anymore.

24 Q. Okay. What medical literature presently do you
25 read on a regular basis?

1 A. Ambulatory Care Medicine, Emergency Medicine,
2 Orthopedics for Practitioners, x-rays or
3 radiology book.

4 Q. Doctor, I assume that you have never been sued
5 as a result of your professional conduct, is
6 that correct?

7 A. Correct.

8 Q. You have never been named in a lawsuit --

9 A, Never,

10 Q. -- is that correct?

11 Okay. And although you have never been
12 sued in name, you have never been the subject of
13 a lawsuit, is that correct?

14 A. Correct.

15 Q. Okay. Doctor, do you understand what we lawyers
16 mean when we refer to the standard of care?

17 A. Not exactly.

18 Q. Well, in the law, we lawyers, in our legalese,
19 have devised a concept called standard of care.
20 You're not familiar with that concept, is that
21 correct?

22 A. I am not familiar with the lawyer's concept of
23 standard of care.

24 Q. Are you familiar with the medical profession
25 definition of the term standard of care?

1 A. As far as I know.

2 Q. Would you tell me what your understanding is as
3 far as you know?

4 A. Depends on the doctor's medical judgment.

5 Q. Okay. Do you understand what we lawyers mean
6 when we talk about probability? The probability
7 for something occurring, for example?

8 A. I would understand that they are the same
9 anywhere, the probability is anywhere, not
10 unless lawyers have a different version or
11 concept.

12 MS. HOFFMAN: I just place an
13 objection on the record, I think, just to
14 indicate that he doesn't know what the
15 legal definition of probability is, if
16 that's what you are asking him.

17 MR. ZUCKER: That's not what I'm
18 asking him. My question wasn't clear.

19 MS. HOFFMAN: If you are asking
20 him the legal definition of
21 probabilities --

22 MR. ZUCKER: No. I asked him of
23 what his understanding was of what we
24 lawyers refer to as probability.

25 MS. HOFFMAN: I think that is

1 almost the same thing. I think he has
2 indicated he doesn't really know.

3 MR. ZUCKER: Okay.

4 Q. Doctor, you are required to take continuing
5 medical education courses, is that correct?

6 A. Correct.

7 Q. Okay. Have you ever taken any continuing
8 medical education course, the subject matter of
9 which included the condition of testicular
10 torsion or also referred to as torsion. of the
11 spermatic cord?

12 A. Not that I recall.

13 Q. Okay. Have you reviewed any documents
14 whatsoever in preparation for your deposition
15 today?

16 A. I reviewed the chart that I created during the
17 visit of this patient,

18 Q. Which chart did you read, doctor?

19 A. The treatment record that was dated in, I can't
20 read this, April something.

21 MS. HOFFMAN: Our copy is faint,
22 but it's the April 20th visit.

23 Q. Okay. Doctor, what do you have in front of you
24 there? You have the cover sheet of the April
25 20th treatment, is that correct?

1 A. This is the treatment record, it is not the
2 cover sheet,

3 Q. And how many pages do you have there?

4 A. I have two.

5 Q. And the second page is what?

6 A. The radiologic consultation or the report of the
7 radiologist,

8 Q. You have not reviewed any of the results of any
9 of the laboratory tests that were done on the
10 20th, is that correct?

11 A, No.

12 Q. Did you review the report of the plaintiff's
13 expert in this case, John Kavlich, M.D.?

14 A. No.

15 Q. Have you reviewed any medical literature in
16 preparation for your deposition today?

17 A. No.

18 Q. So aside from that chart in front of you from
19 April 20th, 1993, you have not reviewed anything
20 in preparation for your deposition today --

21 A. No.

22 Q. -- correct?

23 A. No.

24 Q. Okay. Do you presently practice in the
25 emergency room at any Kaiser Foundation

1 facility?

2 A. Not -- no.

3 Q. How is it that you were in the emergency room,
4 if in fact it was the emergency room, on April
5 20th, 1993?

6 A, It was not an emergency room. This is what we
7 call express care,

8 Q. Okay- Doctor, I'm going to ask you to help me
9 out here, because I can't read your writing,

10 A. Okay.

11 Q. I would like you to read every word that you
12 wrote, which isn't too much, on this sheet from
13 the chart of April 20th, 1993.

14 MR. ZUCKER: First, let me have
15 that entered into evidence as an exhibit.
16 Off the record for a minute.

17 - - - -

18 (Off the record.)

19 - - - -

20 MR. ZUCKER: Okay. Let's go back
21 on the record and let's mark what the
22 doctor has indicated he reviewed for
23 today's deposition, consisting of two pages
24 from the April 20th, 1993 admission.

25 - - - -

1 (Thereupon, Plaintiff's Exhibit
2 1 - Luna, two-page Treatment Record, was marked
3 for purposes of identification.)

4 - - - -

5 Q. In addition to what you have handed me, doctor,
6 I have just handed Ms. Hoffman and yourself
7 further documents reflecting laboratory tests
8 that were done on April 20th, 1993, is that
9 correct?

10 A. No. This, date discharged is - -

11 Q. Well, let's enter these into evidence, then you
12 can explain that, okay?

13 A. Okay.

14 MR. ZUCKER: I'm handing the court
15 reporter now two documents. At the top of
16 one it states Complete Blood Count, it's
17 dated 4/20/93. On the second at the top it
18 indicates Urinalysis and it's dated
19 4/20/93.

20 THE WITNESS: Okay.

21 - - - -

22 (Thereupon, Plaintiff's Exhibit
23 2 - Luna, one-page 4/20/93 "Complete Blood
24 Count," was marked for purposes of
25 identification.)

- - - -

(Thereupon, Plaintiff's Exhibit
3 - Luna, one-page 4/20/93 "Urinalysis," was
marked for purposes of identification.)

- - - -

Q. Doctor, I'm handing you now what have been
marked Exhibits 2 and 3. And at the top of the
sheets it indicates the ordering physician was
Dr. Sidani, however underneath that the date
indicates 4/20/93, is that correct?

A. That's correct. As far as I can see.

Q. Are you telling me that this CBC was not done on
4/20/93 or that the urinalysis was not done on
4/20/93 irrespective of the fact that
Dr. Sidani's name is on these documents?

A. I did request that urinalysis and a CBC when I
saw the patient on April 20, 1993.

Q. Okay. Are these the results of those requests
that you made?

A. I would assume that these are the results of my
requested laboratory tests --

Q. Okay.

A. -- since it's dated 4/20/93.

Q. Okay. We will go over those in more detail in
one minute, okay?

1 Okay. Doctor, as I was asking you, I would
2 like to go over Plaintiff's Exhibit 1 with you.

3 A. Okay.

4 Q. Would you tell me where your handwriting first
5 appears on that document?

6 A. On this space where it says history as stated.
7 above, that's the start of mine,

8 **a.** Very slowly and as clearly as you can, would you
9 read to me what it says there?

10 A. It says history as stated above. No vomiting.
11 Nauseated, No diarrhea, Had two loose bowel
12 movements this morning, this a.m. No fever.
13 Physical examination: Shivering. Does not
14 appear in acute distress. Well-hydrated.
15 Acting bizarre. Abdomen is flat, soft, slightly
16 tender all over. No mass. No organomegaly.
17 Bowel sounds normal, active.

18 Q. Okay. And below that, doctor, is that yours?

19 A. The lab urinalysis, complete blood count and
20 differential, drug screen. Under x-ray, KUB or
21 kidney, ureter and bladder x-ray. Discharge.

22 Q. Now, after KUB --

23 A. Negative.

24 Q. Okay.

25 A. Discharge diagnosis, rule out gastroenteritis,

1 acute. Under medications and treatments, Tigan,
2 200 milligrams I.M. then P.O. 250 milligrams
3 every four to six hours p.r.n. Donnatal
4 Extentabs two times a day or b.i.d. Imodium,
5 two tablets initially then one tablet after each
6 loose bowel movement if needed, p.r.n. Acuity
7 level, 2. Disposition, home, Follow-up advice,
8 with primary care provider, when, p.r.n.

9 Q. Next line?

10 A. Next line, homegoing instructions --

11 Q. No.

12 A. Provider number 1014.

13 Q. Is that your provider number?

14 A. Yes, sir,

15 Q. Okay.

16 A. Name, Teodoro Luna, M.D.

17 Q. Is there another name below that?

18 A. Well, no, that was the signature of the mother.

19 Q. No. In the space where it says print name of
20 physician.

21 A. No.

22 Q. I see Luna, M.D.

23 A. No.

24 Q. Below that there is something crossed out.

25 A. Also Luna, somebody crossed, maybe the nurse.

1 Q. Then the physician's signature?

2 A. My signature,

3 Condition at discharge was stable, May
4 return to school in three days. Homegoing
5 instructions, sheet number 1G.

6 Q. Homegoing instruction given by discharge nurse?

7 A. Yes.

8 Q. Is that your signature or hers?

9 A. That's my nurse's signature.

10 Q. Okay. Discharge time was written by the nurse?

11 A. 3 -- I cannot read it so well.

12 Q. 3 p.m., somewhere around 3 p.m.?

13 A. Yes.

14 Q. Doctor, one thing, under medications and
15 treatments there is a little bit of writing
16 under -- on the first line there is some writing
17 above the I.M., something 1:37 p.m.

18 A. Okay. That was the note written down by the
19 nurse when the Tigan 200 intramuscular was
20 given. She initialed it, stated it was given at
21 1:37 p.m. by, then the signature of the nurse.

22 Q. Got you. Thank you. Doctor, can you read
23 clearly what the nurse wrote at the top of this
24 form beginning with --

25 A. 15 year old white -- I'm sorry, 15 year old male

1 complaining of stomach pain with vomiting and
2 dizzy since this a.m. No.

3 Q. Doctor, above that where it says triage time, do
4 you see that?

5 A. 12:10.

6 Q. And the temperature?

7 A. Was 98.2.

8 Q. The blood pressure?

9 A. 116 over 70.

10 Q. Pulse?

11 A. 110. Respiration was 24 to 26. Weight, 172
12 pounds. Not applicable, that's last menstrual
13 period.

14 Q. Okay. Doctor, do you understand what is meant
15 by independent recollection?

16 A. The facts that you would remember.

17 Q. Exactly. Without having to refer to any chart,
18 correct?

19 A. Uh-huh, yes.

20 Q. Okay. Do you have any independent recollection
21 of seeing Charles Campbell-Norris on April 20th,
22 1993?

23 A. No.

24 Q. So any answers that you give me will be based on
25 what you see in the chart and what you might

1 remember as your memory is jogged by referring
2 to the chart and through the questions that I
3 ask you, is that correct?

4 A, Correct.

5 Q. Okay. Doctor, would you give me the definition
6 of the medical condition known as
7 gastroenteritis?

8 A. Gastroenteritis is an inflammation of the
9 gastrointestinal tract usually caused by a
10 virus.

11 Q. Okay. What is the classical -- strike that.

12 Doctor, I'm going to be asking you a number
13 of questions mostly pertaining to medical
14 issues, factual issues pertaining to this case,
15 and I'm going to assume that your answers or any
16 opinions that you give me here today are based
17 on your medical education, your medical training
18 and experience, and your knowledge of medical
19 literature. Is my assumption correct?

20 A. Correct.

21 Q. Okay. What is, doctor, the classic presentation
22 of gastroenteritis?

23 A. Sudden onset of vomiting, diarrhea, abdominal
24 pain or cramps, and fever.

25 Q. And that's it?

1 A, That's it.

2 Q. And, doctor, is the classical presentation that
3 you just described to me also the typical
4 presentation?

5 A. It is not the typical presentation, although the
6 manifestations --

7 Q. I don't mean in this case, doctor --

8 A. Oh.

9 Q. -- I mean in general, The classical
10 presentation that you just described to me for
11 gastroenteritis, is that also the typical
12 presentation?

13 A. Basically that's the typical presentation.

14 Q. Okay. And how is a diagnosis made of
15 gastroenteritis?

16 A. Clinically, based on the clinical symptoms and
17 that's about it. Well, of course, we have to do
18 some laboratory tests, rule out whether it is
19 bacterial by doing some CBC, which I did on this
20 particular patient,

21 Q. Okay. What laboratory tests are you referring
22 to that are used in the diagnosis of
23 gastroenteritis?

24 A. If the vomiting and the diarrhea is so
25 excessive, we do electrolytes, we do CBC, we do

1 urinalysis, and we do an x-ray of the abdomen,
2 too, a KUB.

3 Q. Okay., Doctor, you did, in fact, do all of those
4 tests except for the electrolyte test, is that
5 correct --

6 A. Yes, correct.

7 Q. - relative to Charles Norris on April 20th,
8 1993?

9 A. Correct.

10 Q. Okay. I'm handing you now the results of those
11 tests. And you have a copy in your hand of the
12 radiology report, is that correct?

13 A. Correct.

14 Q. Did you have these, the results of these --
15 strike that.

16 In your diagnosis as listed on the sheet
17 that you read for me before, you indicate rule
18 out gastroenteritis, acute, correct?

19 A. Correct.

20 Q. My question is did you rule it out --

21 A. I did.

22 Q. -- before he left the hospital on April 20th,
23 1993?

24 A. He was not in the hospital, he was in my
25 clinic.

1 Q. Okay. I'll repeat the question. Did you rule
2 out acute gastroenteritis prior to Charles
3 Campbell-Norris leaving Kaiser on April 20th,
4 1993?

5 A. That was my initial diagnosis.

6 Q. Okay.

7 A. Basing on the clinical findings and the
8 laboratory results.

9 Q. Okay. And you had indicated that he was
10 discharged some time in the 3:00 hour of the
11 afternoon on April 20th, correct?

12 A. The time that he was discharged, yes.

13 Q. Did you have the urinalysis and the CBC and the
14 x-ray prior to his leaving the clinic on that
15 day?

16 A. I did.

17 Q. Okay. After reviewing those laboratory test
18 results, did you rule out gastroenteritis?

19 A. That was my diagnosis. I did not rule it out.

20 Q. Okay. So after reviewing the laboratory test
21 results --

22 A. Uh-huh.

23 Q. -- taking into consideration the clinical
24 presentation, that is your clinical findings,
25 you diagnosed the condition as gastroenteritis

1 acute, is that correct?

2 A. Correct,

3 Q. Okay. Can you tell me what findings on the
4 urinalysis or the CBC or the x-ray of the
5 abdomen are consistent with gastroenteritis?

6 A. Number one, the CBC did not show any sign or
7 evidence of bacterial infection, the fact that
8 the white cell count was within normal limits.
9 Another thing, the urinalysis didn't show any
10 sign of dehydration, specific gravity was
11 normal, there was no evidence of any
12 dehydration, the x-ray didn't show anything
13 significant. And by process of elimination, I
14 arrived at a final diagnosis of gastroenteritis,
15 probably viral.

16 Q. Okay. Help me out here, because I'm not quite
17 understanding why you came to the diagnosis of
18 gastroenteritis if in fact the CBC, the
19 urinalysis, and the x-ray were all normal or
20 within normal ranges.

21 A. I'm trying to rule out whether there is some
22 bacterial cause for the gastroenteritis.

23 Q. And there was none, correct?

24 A. There was none.

25 Q. Okay. So you assumed that it was a viral

1 gastroenteritis, correct?

2 A. Correct.

3 Q. And what did you base that opinion on?

4 A. On the clinical findings and manifestation of
5 the patient.

6 Q. However, you did not base your opinion on the
a laboratory test results, is that correct?

8 A. I based it, too, because I eliminated other
9 possibilities that can cause gastroenteritis,

10 Q. Okay. Well, what are the typical laboratory
11 test findings of viral gastroenteritis?

12 MS. HOFFMAN: If there are.

13 A. The typical, a sign of dehydration is one, the
14 main concern, because this is a self-limiting
15 disease, it goes away by itself in a few days,
16 and our concern all the time when we are dealing
17 with gastroenteritis is dehydration.

18 Q. Now, Charles Campbell-Norris was well hydrated,
19 isn't that correct?

20 A. Correct.

21 Q. So that would be inconsistent with the
22 dehydration that you see in viral
23 gastroenteritis, correct?

24 MS. HOFFMAN: I'm going to place
25 an objection on the record just because I'm

1 not sure what point in time you are talking
2 about, the initial onset of it --

3 MR. ZUCKER: I'm talking about on
4 April 20th, 1993 when the doctor made his
5 entries on this chart,

6 MS. HOFFMAN: But I -- my
7 objection is based on the fact that you are
8 not talking about whether this is, you
9 know, we don't know how current this is,
10 whether this was after he had symptoms or
11 sometime later and when they would expect
12 to be present on laboratory findings, so I
13 don't think that the doctor can generalize
14 and say at any given point in time that the
15 test is going to show this.

16 Q. Doctor, the test results that you have in front
17 of you do not indicate dehydration, is that
18 correct?

19 A. Correct.

20 Q. Okay. When you examined him, your clinical
21 findings did not indicate any evidence of
22 dehydration, is that correct?

23 A. Correct.

24 Q. Okay. What other laboratory test results would
25 be indicative of viral gastroenteritis?

1 A. There is nothing specific.

2 Q. Okay. Doctor, in the course of your practice as
3 a physician, private or in the clinic, have you
4 ever had occasion to study the medical condition
5 known as testicular torsion?

6 A. What do you mean by study?

7 Q. Have you ever received any education or training
8 in the treatment of testicular torsion?

9 A, Yes,

10 Q. And can you briefly describe what your study of
11 the condition is or was --

12 A. Okay.

13 Q. .. over the years?

14 A. Okay. As far as I can recall, this is common
15 among --

16 Q. Let me interrupt you for one minute, doctor,
17 because I don't want you to waste your time. I
18 want to know where you studied and/or learned
19 about the condition of testicular torsion,
20 assuming that you first learned about it in
21 medical school, is that correct?

22 A. That's correct.

23 Q. Okay. Thereafter, what opportunity in your
24 practice did you have to study the condition
25 known as testicular torsion?

1 A. I didn't have any opportunity to study, but in
2 medical school, that's where I learned about
3 torsion of the testicle,

4 Q. Did you ever read about testicular torsion in
5 medical literature over the years?

6 A. Not in medical literature. I have read -- just
7 recently I had one case that presented with
8 typical symptoms of torsion of the testicle.

9 Q. When was that, sir?

10 A. That was, I would say six to eight months
11 approximately, ago.

12 Q. Here at the clinic?

13 A. Here at Kaiser in Bedford.

14 Q. In the course of your practice as a physician,
15 doctor, have you ever had occasion to observe
16 torsion of the testicle besides the one occasion
17 that you just described to me that took place
18 six to eight months ago?

19 A. No.

20 Q. And in the course of your practice as a
21 physician, have you ever had occasion to treat
22 the condition known as testicular torsion?

23 A. Not to treat.

24 Q. Did you treat the case six to eight months ago?

25 A. I did not treat.

1 Q. You diagnosed it?

2 A. I diagnosed it,

3 Q. And you referred the case to a urologist, is
4 that correct?

5 A. Exactly correct,

6 Q. And besides that occasion, doctor, have you ever
7 diagnosed testicular torsion in your career?

8 A. I cannot recall.

9 Q. Do you recall if you were ever presented with
10 the differential diagnosis of testicular torsion
11 in your career?

12 A. No.

13 Q. Okay.

14 MS. HOFFMAN: You don't recall, no
15 or no?

16 A. Differential diagnosis of --

17 Q. Testicular torsion. Let me clarify question.

18 In your medical career, have you ever been
19 presented with a patient where one of the
20 differential diagnoses might have been
21 testicular torsion?

22 A. Oh, yes.

23 Q. On many occasions?

24 A. Not many occasions.

25 Q. All right. Would you now define for me what

1 your understanding is of the condition known as
2 testicular torsion or torsion of the spermatic
3 cord?

4 A. As far as I remember, the incidence is common
5 among teenagers between the ages of say 14, 15,
6 in this age range, and very gradual onset of
7 scrotal pain and this is accompanied by scrotal
8 swelling, gradually increasing, edema and
9 one-sided scrotal or testicular enlargement and
10 it's exquisitely tender and also fever or
11 vomiting may ensue later. But the initial
12 presentation is scrotal pain gradually
13 increasing in intensity.

14 Q. What is the condition of torsion of the
15 spermatic cord? What is it? You just gave me
16 the presentation, the signs and the symptoms,
17 but what is testicular torsion?

18 A. When the testicle is rotated, when the spermatic
19 cord is twisted.

20 Q. And if it goes untreated, what happens?

21 A. It can, because of the lack of blood supply as a
22 result of the twisting or the torsion, it can
23 result in gangrene or death of the testicle.

24 Q. Necrosis of the tissue?

25 A. Yes, necrosis, that's what I mean, yes.

1 Q. Doctor, by reviewing the answer that was filed
2 by your attorney in this case relative to the
3 allegations of negligence that were made by
4 Charles Campbell-Norris, I assume that you don't
5 believe that you did anything wrong in rendering
6 care and treatment to Mr. Norris on April 20th,
7 1993, is that correct?

8 A. Correct.

9 Q. Okay. Doctor, from your knowledge of this
10 case -- strike that.

11 Besides Ms. Hoffman, have you ever
12 discussed this case with any other person?

13 A. Never.

14 Q. You have never discussed this case with
15 Dr. Sidani or anybody else, is that correct?

16 A. Never. Correct.

17 Q. Are you aware that a day or two after you saw
18 Charles Campbell-Norris he had been diagnosed as
19 having testicular torsion and surgical
20 intervention was completed to remove the
21 testicle?

22 A. That information I gathered from Attorney
23 Hoffman.

24 Q. Okay. But outside of Ms. Hoffman, you were not
25 aware that this happened?

1 A. Never.

2 Q. Okay. But I assume you believe Ms. Hoffman and
3 you do believe that he did, within a day or two
4 after seeing you, have the condition known as
5 testicular torsion, correct?

6 A. Correct.

7 Q. Okay. And, doctor, do you think it is more
8 probable than not that when you saw him on April
9 20th, 1993, he was, in fact, suffering from
10 torsion testicle?

11 A. NO.

12 Q. Okay. What is the basis for your reasoning
13 there, doctor?

14 A. The main basis is there was no scrotal pain
15 complained about.

16 Q. Okay. Doctor, what is your understanding of the
17 classical presentation of testicular torsion?

18 A. Exquisitely tender scrotum, there is
19 hemi-enlargement of the scrotum, there is -- on
20 examination you will find enlargement and
21 swelling and edema of the affected scrotum and
22 occasionally you might find fever and vomiting,
23 nausea and vomiting might ensue, and there could
24 be some antecedent trauma as far as --

25 Q. Doctor, would you consider the classical

1 presentation that you just described to me the
2 typical presentation of testicular torsion?

3 A. As far as I know, yes.

4 Q. And would you know in what percentage of cases,
5 based on your knowledge of the medical
6 literature and so forth, which we talked about
7 before, do you have an opinion as to the
8 percentage of cases that present with the
9 classical presentation?

10 A. As far as the classical presentation is
11 concerned, I think all the torsion or testicular
12 torsion are presented with scrotal pain.

13 Q. 100 percent?

14 A. As far as I know.

15 Q. Okay. All right. Doctor, let's talk about the
16 presentation that was made by my client, Charles
17 Campbell-Norris, on April 20th, 1993, okay?

18 You indicated that in your notes that there
19 was no vomiting, okay? The nurse above
20 indicated that the patient had described
21 vomiting, is that correct?

22 A. Yes.

23 Q. And dizziness, correct?

24 A. Yes.

25 Q. Why did you indicate no vomiting, doctor?

1 A. Because the information that I got directly from
2 the patient did not mention anything about
3 vomiting, otherwise I would have written down or
4 documented the number of times. Because in my
5 practice it's important for me to write down the
6 number of vomiting and what kind of vomiting,
7 whether it is projectile, you know, and what is
8 the vomit consisting of.

9 Q. Doctor, do you recall if Charles' mother was
10 with him at the time that you examined him?

11 A. I cannot recall exactly at this time.

12 Q. Okay. Doctor, the history that you wrote down
13 here, the two lines of history, was this the
14 history that you obtained from Charles?

15 A. Yes.

16 Q. And you're stating yes based on your review of
17 this record, is that correct?

18 A. Not only from this record, but it is my routine
19 to get information from the patient directly.
20 He being a 15 year old, he can communicate and
21 give me accurate information.

22 Q. But you don't remember talking directly with
23 Charles as we sit here today, correct?

24 A. As I said, I always, in my practice, talk, get
25 information directly through the patient.

1 Q. My question is you don't recall, as you sit here
2 today, you don't recall your conversation with
3 Charles? The information you are giving me
4 comes off of this chart, correct?

5 A. Could you please clarify the question?

6 Q. Okay. Being a bit redundant, my question is you
7 don't recall having any specific conversation
8 with Charles, the answer that you are giving me
9 now is based on what you see here on this record
10 and based on the way you conduct your practice,
11 correct?

12 A. As I mentioned earlier, I always try to get
13 information directly from the patient because in
14 that way I can get more accurate. So this
15 information that I got is directly from the
16 patient.

17 Q. But you don't remember, as you sit here today,
18 your conversation with Charles Campbell-Norris
19 last year in April of '93?

20 A. Conversation as far as information, getting the
21 history?

22 Q. Yes. You don't remember the discussion that
23 ensued here, do you?

24 A. Well, I documented what information he gave me.

25 Q. Okay.

1 MS. HOFFMAN: I think he is asking
2 do you remember, apart from what you have
3 seen on your record, your conversation with
4 this young man. Can you picture this?

5 A. No, I cannot recall exactly specifically.

6 Q. Okay. Doctor, you indicated in your record that
7 Charles was shivering and that he did not appear
8 to be in acute distress, is that correct?

9 A, Correct.

10 Q. And you indicated that he was acting bizarre?

11 A, Correct.

12 Q. Can you describe for me what you mean when you
13 write down acting bizarre?

14 A. Okay. The fact that he was, I documented
15 shivering, the manifestations that he presented
16 does not, is not appropriate with the way he
17 presented to me. His affect is something not
18 really normal.

19 Q. I'm sorry, I didn't quite understand.

20 A. His affect.

21 Q. His affect?

22 A. His affect, his facial expression --

23 Q. Uh-huh.

24 A. -- does not seem to me he is in severe pain or
25 in acute distress. He was shivering and the

1 temperature is normal. And his behavior at that
2 time was something not within the normal, that's
3 the reason why I documented bizarre. I never
4 document this kind of a statement here unless
5 the patient really manifested something --

6 Q. What type of facial expressions was he making?

7 A, As I said, could be, as far as I can recall, it
8 was, this emotion, this does not indicate that
9 he is in severe distress.

10 Q. So he wasn't having facial expressions, is that
11 what you are saying?

12 A. That's what I'm saying.

13 Q. But he was shivering?

14 A, He was shivering.

15 Q. Was he holding any part of his body?

16 A. I cannot recall whether he was holding.

17 Q. Do your notes indicate anywhere where his --
18 strike that.

19 Do your notes indicate anywhere that he
20 indicated he was having pain in any part of his
21 body?

22 A. No.

23 Q. Wouldn't you normally document the patient's
24 complaints in your notes, doctor?

25 A. I documented all the pertinent findings that I

1 found.

2 Q. Okay.

3 A. I stated here that he was, he does not appear in
4 acute distress,

5 Q. Okay. What did you attribute his shivering to?

6 A. That I cannot attribute to anything specific.
7 That's the reason why my description was acting
8 bizarre.

9 Q. He was tachycardic, wasn't he, doctor?

10 A. I would say his pulse -- yes, a little bit
11 elevated, the pulse rate,

12 Q. Isn't tachycardia a symptom of pain?

13 A. Not -- there is a lot of factors that can cause
14 tachycardia. He was shivering.

15 Q. Do you find tachycardia often in
16 gastroenteritis?

17 A. If they are dehydrated, yes.

18 Q. Charles was not dehydrated?

19 A. No.

20 Q. Doctor, when you made your notes on this record
21 on April 20th, 1993, Charles had already seen
22 the triage nurse, is that correct?

23 A. Correct.

24 Q. And she had made these entries at the top of the
25 page, is that correct?

1 A. Correct.

2 Q. So you would have seen those and been aware of
3 his complaints in the nurse's writing at the
4 time that you examined Charles, is that
5 correct?

6 A, Yes, correct.

7 Q. Okay. The nurse indicates in two places, one
8 under chief complaint, vomiting and abdominal
9 pain and --

10 MS. HOFFMAN: Well, I'm not sure
11 that's what the nurse wrote.

12 A. This is usually taken by the secretary as soon
13 as they register.

14 Q. Okay, doctor.

15 A. So this is not the note, the
16 temperature/vomiting/abdominal.

17 Q. So the chief complaint may have been taken by
18 the secretary, correct?

19 A. All the time.

20 Q. All right. Let's assume for conversation's sake
21 that it was taken by the secretary. So when
22 Charles and his mother came to the clinic --

23 A. Uh-huh.

24 Q. .. they went to the desk and the secretary said
25 what can I do for you. And they said, or one of

1 the two said, well, my son has a temperature, he
2 is vomiting and he has got abdominal pain,
3 correct?

4 A. Correct,

5 Q. Then at some point thereafter a nurse saw
6 Charles and the triage assessment indicates that
7 the boy was having stomach pain with vomiting
8 and dizziness since the morning, correct?

9 A, Correct. As is stated here in this note,

10 Q. And, doctor, will you agree that you saw that at
11 the time you examined Charles?

12 A. Yes, I did.

13 Q. Okay. Well, do you think, doctor, that you
14 would have, if you saw vomiting in two places,
15 once taken by the secretary, once by the triage
16 nurse, do you think that if the boy told you he
17 had not vomited you might have questioned him,
18 well, why did you tell somebody a few minutes
19 ago that you were vomiting?

20 A. Well, my, in my practice I do not rely a hundred
21 percent on what the nurses or the secretary
22 states in their triage note. I always ask my
23 own history to get a good information.

24 Q. I understand that, doctor.

25 A. So when I asked the patient whether he was

1 vomiting, there was nothing mentioned to me,
2 that's why I documented no vomiting.

3 Q. Uh-huh. And there is no indication on your
4 chart of where his abdominal pain was located,
5 is that correct?

6 A. On my physical examination of the abdomen I
7 mentioned here that it is slightly tender all
8 over.

9 Q. You don't indicate Charles' complaint to you in
10 your record, do you?

11 A. Patient presented here, there is nothing
12 significant --

13 Q. No, my question, doctor, excuse me for
14 interrupting you, my question is in the notes
15 that you wrote, you don't note what complaints
16 Charles made to you, is that correct?

17 A. The first two sentences I wrote down are the
18 complaints presented by the patient.

19 Q. What you state is history as stated above,
20 correct?

21 A. Yes, correct.

22 Q. So what you meant by that, I assume, is that he
23 was vomiting, dizzy since the morning with
24 stomach pain, is that correct?

25 A. But I mention here there was no vomiting. I

mentioned earlier that I do not rely a hundred percent on what the triage nurse does, because I get more accurate information directly from the patient.

Q. You indicate in your note that he had a couple of loose bowel movements in the morning.

A, That's right. Not -- yes.

Q. Would that be diarrhea?

A. No, diarrhea is watery stools like opening a faucet and happening many times.

Q. I'm sorry, I didn't hear what you said.

A. Diarrhea is watery stools like opening a faucet and it's about five to ten times. That's what we call diarrhea.

Q. You never suspected appendicitis, is that correct?

A. Correct.

Q. You never suspected any genitourinary problems, is that correct?

A. Correct.

MS. HOFFMAN: Just for clarification sake, when are you talking, before he did the test or after he did the test?

MR. ZUCKER: Either time.

1 **a.** At any time on April 20th, 1993 did you suspect
2 either appendicitis or any genitourinary
3 problems?

4 A. No, no.

5 Q. Okay. In your opinion, doctor, can a patient
6 who is in severe pain act in a bizarre manner?

7 A " If it is severe pain,

8 Q. Okay. Doctor, what does the examination of
9 McBurney's point refer to?

10 A. It is an examination over the right lower
11 quadrant on palpation, very, very tender and
12 there is a rebound tenderness over the
13 McBurney's point which is significant or
14 indicative of appendicitis.

15 Q. Doctor, describe for me, if you will, where the
16 quadrants that you are referring to are
17 located.

18 A. Okay. The abdomen -- I wish I could --

19 MR. ZUCKER: Can we get a
20 drawing? Do you mind, Marta?

21 A. I don't care. Okay. This is the abdomen
22 illustration. This is the umbilicus or the
23 naval, subcostal, the rib, this is the inguinal
24 region. It's just divided into four.

25 Q. Where is the inguinal section?

1 A. This is inguinal or the groin. The McBurney's
2 point is in this area in the lower quadrant. So
3 these are the four quadrants of the abdomen
4 anatomically.

5 MR. ZUCKER: Okay, Let's get this
6 marked.

7 - -
8 (Thereupon, Plaintiff's Exhibit
9 4 - Luna, Drawing, was marked for purposes of
10 identification.)

11 - - - -

12 Q. Doctor, is there any indication in your record
13 that you asked Charles if he had ever had
14 similar pain in the past?

15 A. None.

16 Q. Doctor, how would you describe a toxic
17 appearance of a patient?

18 MS. HOFFMAN: Well, I'll object
19 just to the meaning of it and in what
20 context.

21 Q. In general, doctor, can you describe for me what
22 your understanding is of a toxic appearance?

23 MS. HOFFMAN: My objection stays.
24 I think that is open to a variety of
25 interpretations depending on the

1 circumstances,

2 Q. If you can.

3 A. Well, the appearance of a toxic patient is pale,
4 severely dehydrated, and mentation is affected
5 and sometimes toxic means that they are
6 obtunded, o-b-t-u-n-d-e-d. That's the basic
7 appearance.

8 Q. All right, Doctor, again based on your medical
9 training, education, experience, and your
10 knowledge of medical literature, do you agree
11 that acute scrotal pathology may be present
12 without obvious GU complaint?

13 A. No.

14 Q. Do you agree that in cases of testicular torsion
15 adolescents may deny or neglect to disclose
16 scrotal pain because of modesty or
17 embarrassment?

18 A. No,

19 Q. Do you agree that GU examination must be carried
20 out on every male patient presenting with vague
21 lower abdominal or inguinal complaints?

22 A. For inguinal complaints, yes.

23 Q. Do you agree that the -- help me with the
24 pronunciation of this, cremasteric reflex?

25 A. Cremasteric, yes.

1 Q. Cremasteric?

2 A. Yes.

3 Q. I'll repeat the question. Do you agree that the
4 cremasteric reflex is usually absent with
5 testicular torsion?

6 A, Yes.

7 Q. What is Prehn's sign, F-r-e-h-n-s, Prehn's sign
8 or Prehn sign?

9 A. I am not familiar with that.

10 Q. You are not aware of what a Prehn's sign is?

11 A. Prehn sign?

12 Q. P-r-e-h-n-s, Frehn's sign.

13 A. No, I am not familiar with that.

14 Q. Okay. Do you know what the testicular salvage
15 rate is in cases of testicular torsion?

16 MS. HOFFMAN: Well, objection.
17 Foundation.

18 A. No.

19 Q. In general?

20 A. No.

21 Q. You don't know the salvage rate?

22 A. No.

23 Q. Do you agree that two-thirds of testicular
24 torsion cases occur in patients between 12 and
25 18 years of age?

1 MS. HOFFMAN: Same objection.

2 Foundation.

3 A, No, I don't.

4 Q. No, you don't agree with that?

5 A. No, no, no. I cannot answer that question.

6 MR. ZUCKER: All right. Let me
7 just repeat something. Your objections are
8 duly noted, obviously. My foundation has
9 been laid. I have asked the doctor to
10 answer these questions based on his medical
11 education, training and experience --

12 MS. HOFFMAN: Well, yes, but you
13 are getting outside of his area of
14 expertise in some of these questions.

15 MR. ZUCKER: He is a pediatrician,
16 a trained, well-trained pediatrician.

17 MS. HOFFMAN: He is not a
18 urologist or urological surgeon, though.
19 You are asking him questions that go beyond
20 the scope of his expertise.

21 MR. ZUCKER: Your objections are
22 noted. You are saying that questions about
23 adolescents --

24 MS. HOFFMAN: You are talking
25 about prognosis --

1 MR. ZUCKER: Are you saying that
2 questions about adolescents are outside of
3 his expertise?

4 MS. HOFFMAN: You are asking him
5 for percentiles and things like that.

6 MR. ZUCKER: I'm asking him
7 questions relative to his knowledge of
8 medical literature regarding the area of
9 medicine that he has trained in
10 specifically and specializes in as a
11 practitioner.

12 MS. HOFFMAN: No, I don't think he
13 said he specializes in urological
14 procedures --

15 MR. ZUCKER: Okay.

16 MS. HOFFMAN: -- or diagnoses.

17 MR. ZUCKER: Your objection is
18 noted.

19 Q. I will repeat that last question, doctor,
20 because I don't remember what your answer was.

21 MR. ZUCKER: I assume that your
22 objection is continuing as to any questions
23 that you believe are outside the doctor's
24 specialty, is that correct?

25 MS. HOFFMAN: Yes, he can --

1 except I will note them on the record
2 because some of them he can answer, some of
3 them I do not believe he should be
4 answering as a non-specialist.

5 Q. Doctor, do you agree that two-thirds of
6 testicular torsion cases occur in patients
7 between the age of 12 and 18 years old?

8 A. I cannot answer that question.

9 Q. All right. Do you agree that patients with
10 testicular torsion typically present with acute
11 onset of unilateral scrotal pain often
12 associated with nausea and vomiting?

13 A. Yes.

14 Q. And do you agree that patients presenting with
15 testicular torsion present with co-existing
16 urinary symptoms -- strike that.

17 Do you agree that patients presenting with
18 testicular torsion, that in those cases there
19 usually is no co-existing urinary symptoms
20 present?

21 A. No, I'm not aware of it.

22 Q. My question is in cases of testicular torsion,
23 isn't it a fact that urinary symptoms are
24 generally not present?

25 A. Can you specify the urinary symptoms?

1 Q. Well, I was hoping you would do that for me, If
2 you can't answer the question --

3 A, I cannot answer that question.

4 Q. Do you agree that in cases of testicular torsion
5 lower abdominal or suprapubic pain. occurs in
6 over 40 percent of cases and sometimes
7 predominates over scrotal symptoms?

8 MS. HOFFMAN: My objection
9 stands.

10 A. I cannot answer that question.

11 Q. You cannot answer?

12 A. Yes.

13 Q. Will you agree that a third to a half of
14 patients who present with testicular torsion
15 report a similar episode of pain which allegedly
16 resolved spontaneously in the past?

17 A. I cannot answer the question.

18 Q. Okay. Do you agree that physical examination is
19 crucial in the diagnosis and assessment of
20 testicular torsion?

21 A. I agree.

22 Q. Do you agree that soon after torsion has
23 occurred, the involved testis is explicitly
24 tender and firm?

25 A. I agree.

1 Q. Do you agree that in cases of testicular
2 torsion, due to twisting of the spermatic cord,
3 the affected testis is often located higher than
4 usual in the scrotum?

5 A. As far as I know, yes.

6 Q. Do you agree that in order to diagnose
7 testicular torsion, one of the things that is
8 necessary is careful palpation to determine the
9 position of the epididymis?

E0 A, Yes,

11 Q. Okay. And do you agree that if the testicle is
12 not found in its typical posterolateral
13 position, torsion should be suspected?

14 A. Yes.

15 Q. Okay. Do you agree that even if the epididymis
16 is in its normal position, torsion cannot be
17 excluded as a diagnosis since the testis may
18 have rotated 360 or 720 degrees?

19 A. I agree.

20 Q. Do you agree that the cremasteric reflex --
21 strike that.

22 Doctor, in your experience or based on your
23 knowledge, is fever generally present in cases
24 of testicular torsion?

25 A. Usually it's accompanied by that, but not as far

1 as I know, not all of them are accompanied by
2 fever.

3 Q. Do you agree that urinalysis is the most
4 important laboratory test used in the diagnosis
5 of testicular torsion?

6 A. It's not as far as I know.

7 Q. What is?

8 A. Doppler studies, scan.

9 Q. Do you agree that urinalysis is normal in the
10 great majority of cases of testicular torsion?

11 A. I would suppose so.

12 Q. You indicated before, doctor, your understanding
13 of the classic and typical presentation of
14 testicular torsion --

15 A. Yes.

16 Q. -- correct?

17 A. Correct.

18 Q. But isn't it a fact that presentation can vary
19 in testicular torsion cases?

20 A. Yes.

21 Q. Doctor, would you describe the medical term
22 puberty and tell me what ages people are in
23 puberty,

24 A. Puberty is from 10 to 17, 18.

25 Q. Okay. And do you agree that there are two peak

1 periods in life where people have testicular
2 torsion, one being the first year of life and
3 the second during puberty?

4 A. No, I'm not aware of that.

5 Q. Okay- Do you have an opinion as to when torsion
6 will commonly occur, that is after exertion or
7 after sleep?

8 A. As far as I could recall, there, sometimes there
9 is an antecedent trauma. Other than that, there
10 is nothing that I know.

11 Q. Doctor, it's your opinion that when you saw
12 Charles on April 20th, 1993 he was not
13 experiencing torsion of the spermatic cord, is
14 that correct?

15 A. Correct.

16 Q. Do you agree that he did, within a matter of 48
17 hours, experience torsion of the spermatic cord?

18 A. Basing on the clinical presentation and on my
19 findings, I could not foresee that he would
20 develop torsion of the testicle.

21 Q. In your practice, doctor, have you had occasion
22 to diagnose the condition of epididymitis?

23 A. Epididymitis?

24 Q. Epididymitis.

25 A. Yes.

1 Q. Is that a presentation that is frequent here at
2 the clinic?

3 A. Not frequent, I wouldn't say it's frequent.

4 Q. Doctor, what is your understanding of the
5 differential diagnoses in suspected testicle
6 torsion?

7 A. Well, epididymitis is one, and it's the most
8 common differential diagnosis that you have to
9 rule out. Of course, you cannot eliminate the
10 possibility of trauma to the testicle, also.

11 Q. Anything else that you can think of?

12 A. That's as far as I could remember.

13 Q. On April 20th, 1993, did you have access to a
14 Doppler stethoscope at the time that you
15 examined Charles?

16 A. No.

17 Q. Does this clinic -- strike that.

18 The clinic that the examination took place
19 in was the Kaiser on --

20 A. Fairhill.

21 Q. -- Fairhill, correct?

22 A. Correct,

23 Q. Did that clinic have access to a Doppler
24 stethoscope?

25 A. In my office I don't have one.

1 Q. How about did the facility itself have access to
2 scrotal imaging, say ultrasonographic scanning?

3 A. Not in that Fairhill facility.

4 Q. How about radioisotope scans?

5 A. I think they do it in the hospital.

6 Q. The Kaiser hospital'?

7 A" Yes.

8 Q. Okay, Which hospital. would that be?

9 A, St. Luke's at that time.

10 Q. Okay. What was the closest hospital available
11 to you for a patient in April of 1993?

12 A. St. Luke's Hospital.

13 Q. Doctor, it's your testimony that you did not do
14 any tests to determine the existence of
15 testicular torsion because you had absolutely no
16 reason to suspect, based on the presenting
17 clinical signs and the laboratory tests that you
18 ordered, that Charles was having testicular
19 torsion, is that correct?

20 A. Correct.

21 Q. Do you own any textbooks, doctor?

22 A. Yes.

23 Q. What textbooks do you own?

24 A. Pediatrics textbook. I have --

25 Q. Can you tell me the name of the textbook?

1 A. Nelson.

2 Q. Nelson?

3 A. Yes,

4 Q. Which is the last volume that you have?

5 A. I cannot recall exactly. It was when I was
6 still a resident, It's quite a while..

7 Q. Do you keep that in your office here at the
8 clinic?

9 A. It's in my library at home.

10 Q. Your library at home?

11 A. Yes.

12 Q. Any other textbooks?

13 A. Ambulatory Care Medicine, Emergency Medicine
14 textbook.

15 Q. Do you have Emergency Medicine by Rosen?

16 A. I cannot recall exactly the -- it's a big, thick
17 text on emergency medicine. I have two books in
18 emergency medicine. I don't recall exactly the
19 author.

20 MR. ZUCKER: I'm going to ask your
21 attorney, if she would, without a formal
22 request, to provide me with the names and
23 volumes and publication dates of the
24 textbooks --

25 THE WITNESS: It's in my office.

1 MR. ZUCKER: -- that the doctor
2 has in his possession.

3 MS. HOFFMAN: I'll just place an
4 objection. I don't think it's relevant,
5 So I guess you have to ask me in a formal
6 request.

7 Q. Doctor, do you consider any of those textbooks
8 to be authoritative?

9 A. I do.

10 Q. Which ones do you consider to be authoritative?

11 A. Both the Emergency Medicine books that I have,
12 the Ambulatory Care Medicine that I have.

13 Q. Doctor, is there a reason why you didn't ask
14 Charles when you examined him or when you took
15 his history if he had experienced similar pain
16 in the past?

17 MS. HOFFMAN: I don't believe that
18 was his testimony.

19 MR. ZUCKER: I didn't say it was.

20 Q. I asked you if there was a reason why you
21 didn't.

22 A. From the presenting symptoms, I don't see any
23 reason why I have to ask that question.

24 Q. And, doctor, do you agree that the pain of
25 torsion usually begins suddenly in the scrotum,

1 but its location may be inguinal or lower
2 abdominal?

3 A, As far as I know, it's a gradual onset of
4 increasing intensity of pain, scrotum pain,

5 Q. Well, I have taken that statement out of Volume
6 II of Emergency Medicine, a text that you
7 believe is authoritative, correct?

8 MS. HOFFMAN: Well, we don't know
9 who the author was, so I'm going to object
10 to this entire line of questioning. You
11 know, he has no foundation to be speaking
12 about what article you are reading from.

13 Q. Doctor, do you believe that on April 20th, 1993,
14 if you had performed a GU examination of Charles
15 Campbell-Norris, you would have more probably
16 than not detected the existence of torsion of
17 his testicle?

18 A. That's a very difficult question to answer for
19 me because the symptoms were not referable to
20 any genitourinary problems, it's more abdominal
21 and I won't even suspect that.

22 Q. You won't even venture to say whether or not had
23 you done the examination you would have detected
24 the existence of testicular torsion?

25 MS. HOFFMAN: You have asked and

1 answered that question,

2 Q. Doctor, do you think that you could have done
3 anything differently than you did on April 20th,
4 1993 that would have prevented the eventual
5 testicular torsion?

6 A. No.

7 Q. Is there a gastroenterologist at the -- strike
8 that.

9 Was there a gastroenterologist at the
10 facility where you examined Charles in April of
11 1993?

12 A, No.

13 Q. Doctor, in your physical examination portion of
14 the chart you indicate the abdomen was flat,
15 soft, slightly tender all over.

16 A. Uh-huh.

17 Q. What does, what do those findings signify?

18 A. Those findings signify that there is no acute
19 abdomen.

20 Q. No problem?

21 A. No problem.

22 Q. Normal findings?

23 A. Except for the slight tenderness, which is
24 always found among gastro, viral
25 gastroenteritis.

1 Q, You say that that is a classical or typical
2 presentation on physical examination, that the
3 abdomen, in cases of gastroenteritis, is
4 slightly tender?

5 A. Slight tenderness all over, generalized,
6 diffuse.

7 Q. Is there pain generally in the classic or
8 typical presentation of acute gastroenteritis?

9 A, They can present cramps, abdominal cramps.

10 Q. Severe?

11 A. Not -- it depends, Not all the time severe.
12 Could be mild to moderate, on and off as a
13 result probably of vomiting.

14 Q. Family?

15 A. Vomiting.

16 Q. Vomiting, okay, Doctor, in April of 1993 which
17 Kaiser clinics were you working at, if more than
18 one?

19 A. I was working over at Fairhill Express Care in
20 the morning and I am working here at Convenient
21 Care in Bedford.

22 Q. That was in April of '93?

23 A. Yes.

24 Q. Do you recall what your hours were at that
25 time?

1 A. Yes.

2 Q. Will you tell me --

3 A, My hours over at Fairhill Express Care is from
4 8:00 to 4:00 and my hours here at Bedford
5 Convenient Care is from 5:00 to 10:30.

6 Q. And we are talking about April 1993, is that
7 correct?

8 A. Yes.

9 Q. And how many days a week were you working those
10 hours?

11 A. Monday to Friday, those are the hours.

12 Q. Why did you do a drug screen on Charles?

13 A. Because of the abnormal behavior that he
14 manifested, as I documented here, his bizarre
15 behavior, which in my medical judgment is not
16 the normal manifestations, so I suspected that
17 there is a possibility that he could be on
18 drugs.

19 Q. Did you ask him if he was sexually active?

20 A. No, I did not.

21 Q. Did you ask him if he took any drugs?

22 A. I did not.

23 Q. Besides his facial expression, what other
24 reasons did you base your opinion that he was
25 acting bizarre on?

1 A. His emotions, his behavior, his attitude.

2 Q. What was his attitude?

3 A. It was not within the normal, as far as the
4 manifestation, the clinical symptoms, they are
5 not appropriate,

6 Q. The clinical. symptoms for what?

7 A, For the stomach pain or the shivering at the
8 same time to me does not conform with his
9 behavior when he presented to the clinic.

10 Q. When you examined him, was he on an examination
11 table?

12 A. Yes. He was sitting --

13 Q. He was sitting?

14 A. .. comfortably. Yes.

15 Q. Did any part of your examination take place
16 while he was in the supine position?

17 A. Of course when I did the abdominal examination
18 he was flat on the examining table.

19 Q. Okay. And was he wearing a hospital or clinic
20 gown?

21 A. I cannot recall exactly, but it is always
22 routine for any patients to be examined,
23 especially in the abdomen, to have their
24 clothes, their pants taken off and they are
25 placed in a gown.

1 Q Okay. So he was on the examination table in the
2 lying position, he was flat on his back,
3 correct?

4 4 Correct.

5 O And to the best of your knowledge, he was
6 wearing a gown, because that was standard
7 procedure?

8 A. Yes.

9 Q. And you examined what part of his body?

10 A. I examined the entire complete abdominal
11 examination.

12 Q. All four quadrants?

13 A. Yes.

14 Q. Did you examine the inguinal area?

15 A. That's part of the examination.

16 Q. It was?

17 A. Yes.

18 Q. Okay. And did Charles complain of any pain
19 during your abdominal examination which included
20 the inguinal area?

21 A There was no pain that was complained about.

22 Q Doctor, if Charles was not complaining of any
23 pain and all of his laboratory test results and
24 his radiology report were normal, why did you
25 prescribe him all these drugs?

1 A. Tigan was given because he was complaining of
2 nausea, that is the treatment for nausea and
3 vomiting. And because of the loose bowel
4 movements that he had, I gave Imodium, which is
5 for the diarrhea, antidiarrhea medicine. In
6 fact, it's over-the-counter. Maybe you are
7 familiar with that. And because of the
8 abdominal pain that was complained of, I gave
9 Donnatal, which is antispasmodic,

10 Q. Did you doubt that he was truly having abdominal
11 pain?

12 A. No.

13 Q. You had no reason to believe he wasn't having
14 abdominal pain, is that correct?

15 A. Correct.

16 Q. Now, slight tenderness of the abdomen, would
17 that invariably signify a painful abdomen? I'll
18 restate that. I don't think it was a very good,
19 very well-stated question.

20 If a person has a slightly tender abdomen,
21 does that mean it's a painful abdomen?

22 A. Not necessarily. Because the pain can be on and
23 off depending on the spasm and the cramps, so it
24 does not signify that it is in pain --

25 Q. Doctor --

1 A. -- all the time,

2 Q. Doctor, hypothetically speaking --

3 hypothetically, you understand what that means,
4 of course?

5 A. Uh-huh.

6 Q. Hypothetically, if you had suspected testicular
7 torsion and if there had been surgical
8 intervention on 4/20/93, do you have an opinion
9 based on a reasonable degree of medical
10 certainty that there would have been testicular
11 torsion detected during the exploration?

12 MS. HOFFMAN: Now wait a minute.
13 I didn't understand your question. Could
14 you rephrase it?

15 MR. ZUCKER: Sure.

16 A. Yes, please.

17 Q. Hypothetically speaking, had there been surgical
18 intervention to the scrotum of Charles
19 Campbell-Norris on 4/20/93, do you think that
20 testicular torsion, to a reasonable degree of
21 medical certainty, would have been detected?

22 MS. HOFFMAN: If you know.

23 Q. Do you have an opinion first?

24 A. I don't know anything about -- I cannot answer
25 that question because I feel that the urologist

would be more in a position to answer this kind of question.

3 Q. Okay. I thank you very much for your time,

4 A. You're welcome,

5 MR. ZUCRER: I have no more
6 questions. You will want to read this?

7 MS. HOFFMAN: Yes. Yes, please.
8 And I'd like to ask you if I can get a
9 20-day extension. Rather than seven days,
10 20 days?

11 MR. ZUCKER: That's fine.

12

13

TEODORO LUNA, M.D.

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C E R T I F I C A T E

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

I, Dawn M. Fade, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named TEODORO LUNA, M.D., was by me, before the giving of his deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above-set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness, and was subscribed by said witness in my presence; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulations of counsel; that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney or financially interested in this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this ____ day of _____, A.D. 19 ____.

Dawn M. Fade, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires October 27, 1997



TREATMENT RECORD

306521 NAME NORRIS Charles

HOME

WORK

M

DOB 8-1-77

DATE OF BIRTH

561-9424

501--

ALLERGIES/
DRUG
SENSITIVITIES.

Ø

CHRONIC
ILLNESS:

Ø

CURRENT
MEDICATIONS:

Ø

TRIAGE TIME

1210PM 98.2

TEMP

116/70

B.P.

(110)

PULSE

24-26

RES.

WEIGHT

172.0

LB

LAST TETANUS

N/A

LMP

PRE

EYE

Temp/ VOMITING/ ABD. PAIN

TRIAGE
ASSESSMENT:15 y/o. ♂ 10 stomach pain
with vomiting + dizzy since this a.m. NO

TRIAGE ACUITY LEVEL

1

2

3

4

5

6

TIME SEEN
BY PHYSICIAN:AM
PMPHYSICIANS
NOTES.

TRIAGE NURSE'S SIGNATURE

Shelley Hardman

Pt as stated above. No vomiting. Nausea
no diarrhea. Had 2 CBM this am. No fever.PE. Shivering, Does not appear in acute
distress. Well-hydrated. Active. Lungs
clear. Heart, lungs, slightly tender all
over, no mass, no organomegaly.
BS. - normal appearance.☐ ADDITIONAL PAGE ATTACHED / CONSULTANTS / TIME CALLED:

LAB

X-RAY

U/A; CBC + diff'l; Drug screen
KUB - (N/A)

DISCHARGE

DIAGNOSIS

MEDICATIONS AND
TREATMENTS

Rx GASTROENTERITIS acute.

TICAN 200 mg. I.M. Then PO, 250 mg. q
4-6 hr. PRN. Donated Extended
IUD Exam - 2 tabs. Cervix. Pen & Yab p
each CBM PRN.ACUITY
LEVEL

1

2

3

4

5

6

DISPOSITION

☐ HOME
☐ HOSPITAL☐ CONTINUING TREATMENT AREA
☐ NOTIFIED: POLICE SOCIAL SERVICESFOLLOW-UP
ADVICE:

WHERE

PCP

WHEN

PRN

PROV. NBR.

PRINTED NAME OF PHYSICIAN

PHYSICIAN'S SIGNATURE

CONDITION
AT
DISCHARGEMAY RETURN TO
WORK OR SCHOOLHOME GOING INSTRUCTIONS
SHEET NUMBER

REC'D BY

Name Campbell Norris

HOME GOING INST. GIVEN BY/DISCH. NURSE

DISC
TIME

FINDINGS AND INTERPRETATION:

NORRIS, CHARLES 306521
04/20/93

PERTINENT CLINICAL DATA: abd pain

KUB: ABDOMEN: The bowel gas pattern is within normal limits. There is no evidence of free intra-abdominal air. There is mild scoliosis of the lumbar spine with convexity to the left. No soft tissue abnormalities are seen.

IMPRESSION: Scoliosis; the abdomen is otherwise nonspecific.

DD: 04/21/93
DT: 04/22/93
TR: al

Film Read By: David Acquah, M.D.
Report Signed By: ✓

93 APR 23 07:10:17

MR12 70-717 (8-90)

PATIENT: NORRIS, CHARLES REFERRING M.D. UC31
MED. REC. NO.: 306521 CHART LOCATION:
DATE/TYPE OF EXAM: 04/20/93 KUB
PATIENT TYPE: UC31

NOTIFY RADIOLOGIST IF THE REPORT IS NOT IN ACCORD WITH CLINICAL, SURGICAL OR PATHOLOGICAL FINDINGS.

PATIENT: NORRIS, CHARLES CHART LOCATION: DE JESUS
MED. REC. NO.: 306521
DATE/TYPE OF EXAM: 8/6/91 RIGHT HIP, RIGHT FEMUR, PELVIS
PATIENT TYPE: OP

NOTIFY RADIOLOGIST IF THE REPORT IS NOT IN ACCORD WITH CLINICAL, SURGICAL OR PATHOLOGICAL FINDINGS.

REFERRING M.D. PLEASE PRINT <i>Wm. St. German</i>		ROOM #	DATE OF LAST SUCH EXAM (NEG.)
DATE REFERRED 2/8/91	DATE TAKEN	ANATOMICAL PARTS <i>flat plate</i>	
REFERRING M.D. NO. 1. 0000 (2/86)		CHECK IF: <input checked="" type="checkbox"/> STAT <input type="checkbox"/> PORTABLE <input type="checkbox"/> E.R. CHART	
DATE REFERRED	DATE TAKEN 4/10/91	STAT PORTABLE	



KAISER PERMANENTE

MEDICAL LABORATORIES
12301 SNCW ROAD • PARMA, OHIO 44130
GPA E M. PAUL M.D. REGIONAL LABORATORY DIRECTOR

ORDERING PHYSICIAN: SIDANI, WALID M.D.

NAME NORRIS, CHARLES

MR # 000000306521 AGE: 15Y SEX: M

U.C. LOC 45 LOC H320 ROOM: 310

PHONE # 2165619424 PHONE # 2164518782
Discharge Date: 04/23/93

===== COMPLETE BLOOD COUNT =====

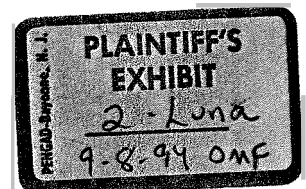
DATE :	04/20/93	REF. RANGE	UNITS
TIE :	1325		
WBC	10.2	4.5-13.5	K/uL
RBC	4.96	4.5-5.3	M/uL
HGB	14.2	13.0-16.0	GM/DL
HCT	42.3	37-49	%
MCV	85.3	80-100	FL
MCH	28.6	25-35	PG
MCHC	33.5	31-36	%
RDW	12.4		%
PLAT	312	150-450	K/uL
GRANULOCYTES	89.4		%
ABS. GRANULOCYTES	9.2		%
LYMPHS	9.2		%
ABS. LYMPHS	0.9		%
MONOS	1.2		%
ABS. MONOS	0.1		%
EOSINOPHILS	0.1		%
ABS. EOSINIPHILS	0.0		%
BASOPHILS	0.1		%
ABS. BASOPHILS	0.0		%

===== DIFFERENTIAL =====

DATE :	04/20/93	REF. RANGE	UNITS
TIME :	1325		
SEGS	* 90	32-64	%
LYMPHS	* 10	24-44	%
MONOS	* 2	3-6	%

===== BLOOD CELL MORPHOLOGY =====

DATE :	04/20/93	REF. RANGE	UNITS
TIME :	1325		
RBC MORPHOLOGY	NORMAL		
PLATELET ESTIMATE	NORMAL		
WBC MORPHOLOGY	NORMAL		



CONTINUED

04/26/93 14:51
H e FINAL CHART COG' - DO NOT DISCARD ***

NORRIS, CHARLES
NAME 000000306521
MO. #

45
UC. LOC. PAGE 1



KAISER PERMANENTE

MEDICAL LABORATORIES
12301 SNOW ROAD • PARMA OHIO 44130
GRACE M. PAUL MD REGIONAL LABORATORY DIRECTOR

ORDERING PHYSICIAN SIDANI, WALID M.D.

NAME NORRIS, CHARLES

MR # 000000306521 AGE: 15Y SEX: M

UC LOC 45 LOC H320 ROOM 310

PHONE # 2165619424 PHONE # 2164518782

Discharge Date: 04/23/93

URINALYSIS

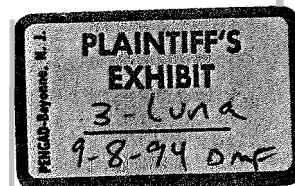
DATE:	04/20/93		
TIME:	1358RCV	REF. RANGE	UNITS
COLOR	YELLOW		
APPEARANCE	CLEAR		
GLUCOSE	NEGATIVE	NEG	GM%
BILIRUBIN.	NEGATIVE	NEG	
KETONE	* 40	NEG	
SPEC GRAVITY	1.015	1.005-1.030	
HEMOGLOBIN	NEGATIVE	NEG	
pH	>=9.0	5.0-8.0	
PROTEIN	* TRACE	NEG	MG/DL
UROBILINOGEN	1.0	0.2-4.0	E.U/DL
NITRITE	NEGATIVE	NEG	
LEUKOCYTES	NEGATIVE	NEG	

URINE TOXICOLOGY

DATE:	04/20/93		
TIME:	1358RCV	REF. RANGE	UNITS
URINE DRUG ANALYSIS	NEGATIVE (A)		

---FOOTNOTES---

(A) ANALYSIS .PERFORMED BY ROCHE BIOMEDICAL LAB

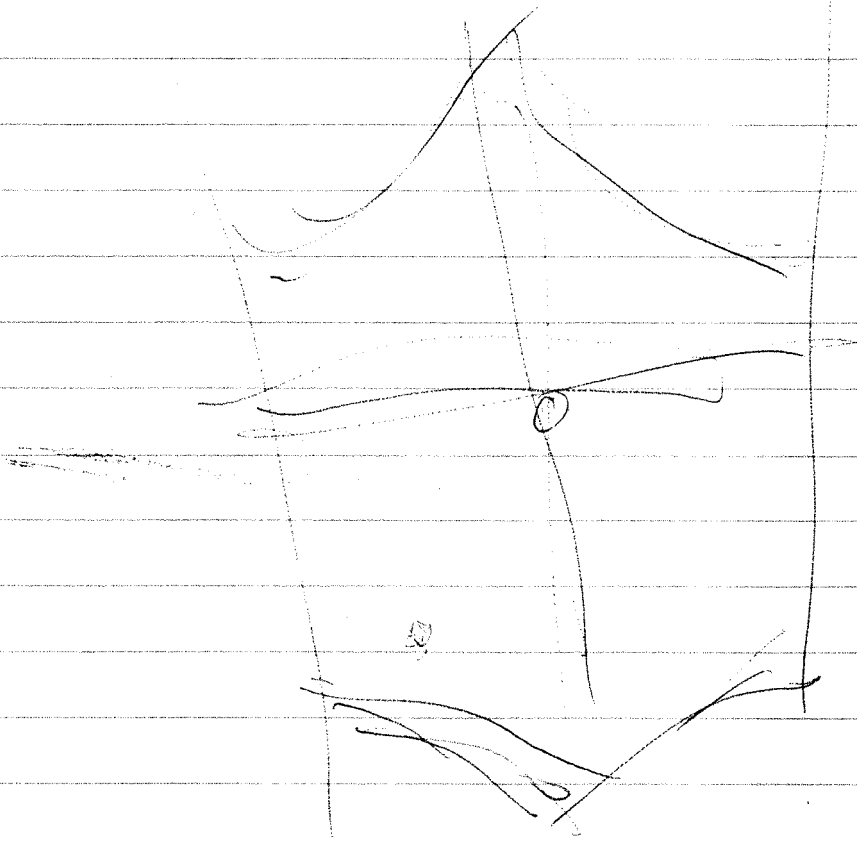


END OF REPORT

04/26/93 14:51
DATE FINAL CHART COPY - DO NOT DISCARD ***

NAME NORRIS, CHARLES
MR # 000000306521

L 45 PAGE 2



PLAINTIFF'S
EXHIBIT
4-Luna
9.8.94 DMF