THE STATE of OHIO,
: SS:
COUNTY of CUYAHOGA.

IN THE COURT OF COMMON PLEAS

ESTATE OF LAWRENCE BROWN, :
plaintiff, :

vs. : Case No. 346342

UNIVERSITY HOSPITALS OF
CLEVELAND, et al.,
defendants.

Deposition of GEOFFREY MENDELSOHN, M.D., a witness herein, called by the plaintiff for the purpose of cross-examination pursuant to the Ohio Rules of Civil Procedure, taken before Constance Campbell, a Notary Public within and for the State of Ohio, at Mount Sinai Medical Center, One Mount Sinai Drive, Cleveland, Ohio, on TUESDAY, SEPTEMBER 28TH, 1999, commencing at 3:00 p.m. pursuant to subpoena.

APPEARANCES:

ON BEHALF OF THE PLAINTIFF:

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

ON BEHALF OF THE DEFENDANT ERIN FUREY, M.D.:

Marc W. Groedel, Esq.
Reminger & Reminger
The 113 Saint Clair Building
Cleveland, Ohio 44114
(216) 687-1311.

INDEX

WITNESS:	GEOFFREY MENDELSOHN, M.D.
	PAGE
Cross-examination by Miss Kolis	5

PLAINTIFF'S EXHIBITS	MARKED
A - 1-14-99 preliminary report	12

(FOR COMPLETE INDEX, SEE APPENDIX)

(IF ASCII DISK ORDERED, SEE BACK COVER)

ERRATA SHEET

NOTATION	PAGE/LINE
The slides show no evidence of an acute embolus, the pathologist doing the autopsy found no evidence of acute embolus. With the knowledge that no acute fresh embolus, no second embolus and the fact that no acute embolus was seen grossly, and no acute embolus is seen microscopically.....	19/6-10
.... loose term.	23/15
..... recanalization	16/12
..... Census at the hospital is a little lower. We don't ask for.....	28/10
He has....	29/8
.... developed.....	29/18
.... arterial hypertension. The blood...	36/11-13
.. poorly oxygenated because he is emphysematous. Blood flow is impaired due to heart failure...	36/13

I have read the foregoing transcript and the same is true and accurate. SEE ALSO REVERSE SIDE OF PAGE

Geoffrey Mendelsohn M.D.

GEOFFREY MENDELSOHN, M.D.

GEOFFREY MENDELSOHN, M.D.

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

MISS KOLIS: Dr. Mendelsohn, I'm pronouncing your name correctly?

THE WITNESS: Uh-hum.

MISS KOLIS: That's usually the part I really mess up on. As you know my name is Donna Kolis, I've been retained to represent the Estate of Lawrence Brown. It has been indicated to me that you have been retained to be an expert witness on behalf of Dr. Erin Furey; is that a correct statement?

THE WITNESS: Yes.

MISS KOLIS: My purpose today is hopefully to be concise, if that is ever humanly possible, to ask you what opinions you hold, what facts you know, what testimony I might expect at trial.

I gather of course based on some research I've done, you've given some depositions in the past.

THE WITNESS: Correct.

MISS KOLIS: I'll remind you of the ground rules of a deposition. You of course I would suspect remember that you have to answer all the questions verbally.

THE WITNESS: ■ do.

MISS KOLIS: ■ at any time ■ ask a question that you do not understand, which is always highly probable since you're a pathologist, I'm an attorney, you may indicate to me you do not understand my question, we will try to clarify what information I'm seeking; is that acceptable to you?

THE WITNESS: ■ is.

MISS KOLIS: Although Mr. Groedel isn't quote, unquote your attorney, he is the attorney representing Dr. Furey, accordingly if at any time during the questioning you wish to confer with him, you simply state that for the record, ■'■ honor that request, that's always acceptable to us.

THE WITNESS: okay.

CROSS-EXAMINATION

BY MISS KOLIS:

Q. In conjunction with today's deposition I had issued a subpoena, that subpoena requested that you bring with you your original chart regarding this

patient. sitting in front of me is a rather large stack, can I interpret that's your chart?

A. Yes.

Q. May I momentarily look at what is contained in it?

A. Sure.

Q. Doctor, prior to coming into this room did you remove any documents whatsoever from this chart?

A. I removed a copy of my report that is in there that was just another copy and I removed a bill which I sent to Mr. Groedel.

Q. No time like the present to ask the question: What is your hourly fee for participating in medical/legal evaluations?

A. At this point it's $275 an hour.

Q. That's the amount of money that you will be charging me for your deposition time today?

A. Yes,

Q. Mr. Groedel and I did not make prior arrangements for the same, at the conclusion of the deposition if you would submit a bill to him he can forward it to me, it will be paid promptly; that's acceptable to you?

A. That's okay.

Q. I want to go through and name the things in your file to make sure I have them correctly.

A letter dated September 2, 1999

indicating today's date for the deposition; is that correct?

A. okay.

Q. A letter which apparently was dated August 27, 1999 forwarding to your attention Dr. Wecht's deposition, correct?

A. Correct.

Q. Then Dr. Wecht's deposition dated July 16, 1999, did you have an opportunity to read Dr. Wecht's deposition prior to today?

A. I received it a while back.

Q. Have you read it?

A. I have.

Q. June 15, 1999 correspondence from Mr. Groedel to yourself, it reads: Following our recent discussion I'm enclosing a copy of a report from the plaintiff's pathology expert, Dr. Wecht, as well as the records covering Mr. Brown's hospital stay in issue. Please give me a call after you've had an opportunity to look at this.

I gather June 15th was the first time that you had seen the hospital record in this matter?

A. I don't recall exactly to be quite honest.

Q. In any event, at the minimum on June 15th your own personal copy of the record was supplied to you?

A. That's correct.
Q. You also received Dr. wecht's preliminary opinion report?
A. Whatever the report is, this is the one I received.
Q. April 15, 1999?
A. Correct.
Q. You received -- these are the hospital records, correct?
A. Correct.
Q. You also received a deposition that would appear to me to be of Dr. Van DePol; do you recall that?
A. Correct.
Q. Did you know Dr. Van DePol?
A. No.
Q. Have you had an opportunity to read his deposition?
A. Parts of it, yes.
Q. Just a note from Mr. Groedel March 9, 1999 indicating your deposition for March 15th was cancelled; am I stating that accurately?
A. Sure.
Q. Another letter from Mr. Groedel discussing the necessity for some trial testimony; is that right?
A. Correct.

Q. Copy apparently of your preliminary report dated January 14, 1999 to Mr. Groedel?
A. Correct.
Q. Another letter talking to you about potential trial testimony date of January 28th?
A. Okay.
Q. And a letter dated January 13, 1999 indicating enclosed please find for your review pathology slides relative to the above-captioned matter from Mr. Groedel, correct?
A. Correct.
Q. Now that we worked our way completely backward, when did you believe you were first contacted potentially to be an expert witness in this matter?
A. Well, I don't recall exactly but since I did get a letter from Mr. Groedel dated January 13, 1999, it would have to be my understanding that I was contacted somewhere around that time.
Q. That letter indicates that what he enclosed in his preliminary submission to you was the slides and slides only; would you agree with that?
A. Yes.
Q. Did you have a telephone conversation with Mr. Groedel prior to the time that he sent you these slides?

A. I have no recollection, ■ don't recall whether he called me first and said I'm sending you some slides to look at or --

Q. Just sent you a letter?

A. usually that is what will happen. I've got some slides I would like you to look at, could you look at them. Then I get the slides, but I don't recall specifically.

Q. As of January 13, 1999, did you have enough of a relationship with Mr. Groedel he simply could have authored a letter, sent you slides without first contacting you?

A. Every now and then ■ will get some slides sent to me, just enclosed are some slides for your review, that is not what I'm used to though, generally I get the courtesy of a phone call first, are you here, are you in town, do you have the time to look at some slides, yes, I do, then I get the slides.

Q. Just wanted to ask.

So those were delivered to you on the 13th or at least the letter is dated the 13th, by January 14th, the following day, you issued a preliminary letter; are you in agreement with that as the sequence of events?

A. My letter is dated the 14th, yes.

Q. At the time you received the letter and slides what did you understand your purpose was in having received the slides?

A. Well, whenever I receive slides, being a pathologist I don't think one has to be a rocket scientist to figure out someone wants you to look at the slides, give an opinion based on what is present on those slides.

I don't recall what discussion went on around that time at all. I received the slides with a letter dated the 13th via Bonnie speed Delivery, they were couriered over here, that would have ordinarily been preceded by a phone call. Then I looked at the slides, issued my report.

Q. What I guess I was getting at, were you aware that there was a pending piece of medical malpractice litigation at the time you received the slides?

A. Well, since Mr. Groedel was an attorney, was not a surgeon sending me slides diagnostically on a patient, yes. I would understand that there is some question there, that is some question concerning medical malpractice or the potential thereof. I'm being asked to look at the slides and describe or report on what I see.

Q. Since this is the entirety of your file, I know

I'm asking you to do some things from recollection, do you know as we sit here today whether or not prior to the time you wrote the report on January 14th, as to whether or not you were aware of what the issues in the case were?

A. I don't recall how much information was given me previously. ordinarily I do not write a report without at least asking whoever sent me the slides why they are being sent. I do not recall what discussions went on. I only received six slides with an autopsy number which I recognized clearly, which any pathologist would recognize did not represent an entire autopsy. The slides I received were lung, pulmonary artery and another little artery that I assumed was coronary artery given that my report describes my findings on those six lines.

MISS KOLIS: what I would like to do is I have a copy of the report which I'm going to let the court reporter mark Plaintiff's Exhibit A.

(Plaintiff's Exhibit A marked for identification.)

Q. Doctor, is it fair to state that your report does not contain any opinion testimony as to whether or not there were deviations of accept standard of medical care

in this particular case?

A. Sorry. I didn't get that.

MISS KOLIS: Read it back, please.

MR. GROEDEL: Dr. Mendelsohn will not be offering opinions as to standard of care issues in the case if that helps you.

MISS KOLIS: It does but I would like him to answer it on the record. Read it back.

(Question read.)

A. Yes, that is correct.

Q. That having been said, I recently as in yesterday I believe received a courteous message from Mr. Groedel subsequent to the time that you wrote the original report you have now reviewed Dr. wecht's deposition and UH records?

A. Correct.

Q. Based upon that review you have some additional opinions in this matter; would that be a fair statement?

A. Correct.

Q. You haven't had the opportunity to actually submit those opinions in writing, correct?

A. Correct.

Q. We'll get to that in a second.

Let's go over briefly, maybe not briefly, the information that is contained in your preliminary report. You indicate that you were able to examine six slides that were submitted to you from University Hospitals of Cleveland; is that correct?

A. Correct.

Q. The quality of the slides, may I inquire based on your memory were they sufficient for you to make a pathological interpretation of each slide?

A. Yes.

Q. Quality, size, integrity?

A. As good as University Hospitals can do, yes, they were fine.

Q. I would like to go through your findings with you I guess line by line if that is all right?

A. Okay.

Q. The first line as I read it into the record, third paragraph, "The lungs are congested and slightly emphysematous with subpleural emphysematous bullae and fibrinous pleuritis.'' what does that mean in terms of findings that may relate to the cause of death, if anything?

A. well, the lungs are congested is indicative of some heart failure. Emphysema is a chronic condition of

the lungs characterized by expansion of the air spaces. So the lungs were emphysematous, there were subpleural bullae which are large air filled spaces, the fibrinous pleuritis indicates some inflammatory reaction in the lining of the lungs.

Q. The next line you state, "The sections of pulmonary artery contain a large, organizing thromboembolus attached to the wall of the artery."

Have I read that into the record correctly?

A. Correct.

Q. You are using the word "sections," did you reach the conclusion contained in this sentence by looking at more than one slide?

A. Six slides.

Q. This particular finding relates to the overall interpretation you gained from looking at the six slides, correct?

A. Yes. I forget how many of the slides included pulmonary artery, but my recollection is there were one or two. I don't recall specifically.

Q. You indicate that there was large organizing thromboembolus, in layman's terms, if you have an opinion, based upon looking at the slides alone, with no clinical information, were you able at that time to

determine the length of time which the large organizing thromboembolus had been in the pulmonary artery?

A. Yes.

Q. How could you make that determination?

A. Well, I think that follows in the next couple of sentences, there were a whole host of features which I've enumerated which point to this blood clot in the pulmonary artery being at least two weeks old.

Q. Why don't you go through for me the whole host of features that led you to conclude that this embolus was at least two weeks old.

A. There is early recannulization of the thrombus. There is fibrosis within the thrombus. There is some focal hemosiderin pigment deposition within the thrombus, chronic inflammatory cells within the thrombus, in association with organization, as well as within the wall of the pulmonary artery; so there are chronic inflammatory cells in the wall of the pulmonary artery extending out to the soft tissue around the pulmonary artery.

The blood clot in the pulmonary artery is firmly attached to and is being incorporated into the wall of the pulmonary artery. Those features taken together indicate that this pulmonary embolus or blood clot has been there for somewhere around two weeks of

age or even longer.

Q. As you know, attorneys like to ■ should say on the report we pick at nits because we are afraid we don't know what you mean.

In the initial report were you indicating at the minimum the embolus was two weeks old?

A. Yes, I think one has to understand here that there ■ no clock in the human body. We always wish there were, ■ know you guys also wish there were, so when ■ say two weeks, I'm talking about one week, two weeks. If someone said 12 days or 10 days, ■ have 14 days, I'm prepared to say that is fine. ■ wish changes in the human body were much more precise.

Yes, in my opinion, this blood clot has been there for at least two weeks. If you want to rephrase as you did two weeks, or maybe even longer.

Q. The letter which ■ received yesterday from Mr. Groedel, ■ assume you haven't seen a copy of it, this ■ the letter I received, Marc will tell you that is his signature I bet.

A. okay.

Q. You didn't author this letter, Mr. Groedel did, ■ would like to ask you a question or two about it.

Mr. Groedel indicates to me that, paraphrasing, after your review of Dr. Wecht's

deposition and the UH records, based upon the slides and those materials Dr. Mendelsohn has the opinion that the clot found in Mr. Brown's lung at the time of autopsy had been present for at least a number of days.

Is your testimony going to be now that it may have been less than two weeks, have you changed your opinion?

A. No. My opinion and when I say two weeks, it could be somewhere between 10 and 14 days or 12 and 14, somewhere in that range, sure. For me that is two weeks, talking medically.

No, my testimony is that based upon the features that I just went through, that this blood clot has been there for a couple of weeks, or longer.

Q. So semantically when I read at least a number of days, that didn't reduce the amount of time, you are still at 10 days or older in terms of the clot found in the lung, correct?

A. Yes.

Q. Furthermore, it will be Dr. Mendelsohn's opinion that the insertion of a vena cava filter following Dr. Furey's involvement in this case would not have prevented Mr. Brown's demise.

Did you indicate to Mr. Groedel orally you would be giving that testimony?

A. I forget exactly what I had said. Yes, after I read Dr. wecht's deposition in which he stated that the patient's death had been caused by an acute thromboembolus, there is no evidence of an acute embolus at the time of autopsy. The slides show no evidence of an acute embolus, the pathologist doing the autopsy found evidence of acute embolus with the knowledge that no acute fresh embolus, no second embolus, the fact that no acute embolus was seen grossly.

The fact that no acute embolus is seen microscopically, it is my opinion that there was no second embolus from presumably the lower extremities to have caused Mr. Brown's demise.

Q. Let me ask you, I'm going to ask a lot of questions I'm afraid today, that is what we do, have you been asked to testify at trial?

A. In this case?

Q. um-hum.

A. Yes.

Q. So it is your intention to offer the testimony that we're discussing today at trial, correct?

A. Yes.

Q. Your original report then, the information that I received from Mr. Groedel indicates that the additional opinions that you have reached are based upon

Dr. Wecht's deposition and UH records.

My question is this: Did you factor in Dr. Van DePol's testimony in arriving at your conclusions?

A. Yes.

Q. You did read that deposition?

A. Yes.

Q. Did you read his complete autopsy since the time of writing that first report?

A. Yes.

Q. I wanted make sure I know everything you are relying upon.

Have you been made or has the deposition testimony of Dr. Furey been made available to you?

A. It's not here, it has not been made available.

Q. Dr. Lee?

A. No.

Q. Dr. Gluck?

A. No.

Q. Dr. Downs?

A. No.

Q. I'm going to move to a little different arena.

Doctor, this is not the first time that you have appeared as an expert in a medical malpractice case, fair statement?

A. Fair statement.

Q. Since June of 1997 through the present can you please tell me who your malpractice insurance carriers have been?

MR. GROEDEL: objection. You can answer.

A. Well, at one time it was PIE Mutual, it was then Mutual Assurance I believe, there may have been a period where it was someone else because we actually -- I don't know if it is the right term, sold our practice, we're now part of a large group practice, they provide medical malpractice. I believe at this point in time it's saint Paul. I don't know. I don't know if there was something in between Mutual Assurance and Saint Paul. I've gotten out of the practice management side of our practice.

Q. Mercifully?

A. Mercifully. I rely on others to do that for me. PIE, Mutual Assurance, and Saint Paul.

Q. could I prevail upon you, it's important as an evidentiary point for myself to confirm through Mr. Groedel by some written document that would support the same during what period of time you were insured by Mutual Assurance?

A. It would have been -- I can get that for you. I

think it would have been January.

MR. GROEDEL: I don't want you to guess. If you don't know, don't speculate.

A. Let me get that for you. We were insured by Mutual Assurance for a brief period of time.

Q. Have you testified for Mr. Groedel before?

A. Yes.

Q. How many occasions?

A. I think it's -- this may be the fourth case that I've looked at for him. I honestly don't keep count, I think it is the fourth case.

Q. Have you testified for other members of his law firm?

A. Again, I don't always keep track of attorney's names and which law firms they are with. Yes, I have. I have looked at a case for a Mr. Walters or Walter, I don't believe I ever issued a report in that case.

Q. Have you been asked prior to today to evaluate pathology in any medical negligence case that dealt with pulmonary embolus?

A. Yes.

Q. Can you specifically recall who the attorney was and what the facts or general facts of the case were?

A. No.

Q. You have no memory of it?

A. I honestly have enough facts at my age to remember with diminishing ability to do so, remembering specific patient names and physician names just simply isn't part of that.

Q. Back in I'm going to do general time frames, I would say late '80s through the early '90s you provided medical/legal assistance to the law firm of Jacobson, Maynard; would you say that is a fair statement?

A. Yes.

Q. In reviewing your CV, it seems to me that your area of interest in pathology happens to be in cancers; do you think that is a fair statement about what is on your CV?

A. It's one of my areas of interest. I've got many

primary area of interest and experience in pathology is in cancer; would you agree with that?

A. It is in cancer, breast cancer, I've written a book on endocrine diseases, my areas of interest are fairly wide.

Q. Tell me what your position is here at the hospital.

A. I am director, Medical Director of the Deparrment of Pathology. Since 1 believe it is May or maybe April

I have been chief of staff.

Q. For the hospital?

A. For the hospital.

Q. Was that coincident or coinciding with the hospital's filing for reorganization?

A. Yes.

Q. As the director of the Department of Pathology first of all, how long did you hold that position, when to when?

A. I've had that position since 1988.

Q. Do you perform autopsies at the hospital?

A. We do.

Q. I asked if you perform them?

A. I supervise autopsies. Just as at hospitals like the Cleveland Clinic and University Hospitals we have residents who -- when we had our own residency program our residents would do the autopsies. As the pathologist on call I would review the autopsy with them, review the pathology and review the case with them.

More recently since we discontinued our residency program, we have residents from other institutions come and do the autopsies for us. We fulfill the same role.

Q. When did you first come to Mount Sinai?

A. 1987.

Q. In 1987 was there a residency program in pathology at Mount Sinai?

A. Yes.

Q. When did that program cease to exist?

A. The program ceased to exist at the end of June, 1997.

Q. So for a 10 year period there was a pathology residency program. If I'm understanding your testimony, under the auspices of that program the residents performed autopsies, correct?

A. Yes.

Q. what percentage of your time would you say in that 10 year period was actually devoted to I think you used the word supervising, is supervising a fair word?

A. Supervising, overseeing, working with the residents as they did the autopsy, they did the prosection as we call it.

Q. Correct.

A. We would review everything. What percentage of my time at that point was involved in autopsies?

Q. um-hum.

A. 2 to 5 percent, 5 percent.

Q. At that time there was a pathology group at the hospital that you were a member of, or were you --

A. There always has been.
Q. You weren't an employee of the hospital, there was an established I would guess primary pathology group here?
A. There has been a pathology group here at the hospital since I joined here, since I came here in '87.
Q. Was there someone else in the group who spent more time supervising the residents in the performance and interpretation of autopsies?
A. We did it on an on call rotational basis. As I always preach, everything eventually evens out. No, we all did the same.
Q. You have not since becoming a doctor served as a coroner; is that a fair assessment?
A. That's correct.
Q. If I read your CV correctly you are Boarded in anatomical pathology.
A. Correct.
Q. Please describe for me the subspecialty of anatomical pathology?
A. Anatomic pathology is the area of pathology that includes autopsy pathology, surgical pathology and cytoloyy.
Q. You are not I gather from reading your CV Boarded in forensic pathology?

A. Correct.

Q. Do you understand or can you explain what the subspecialty of forensic pathology is?

A. Forensic pathology covers a wide range of areas that include the evaluation of cause of death in instances of -- how do I want to word it -- abnormal death, homicide, suicide, et cetera. It includes toxicology, some aspects of that as pertains to death. In cases where circumstances surrounding cause of death are not known, a case would be referred to a coroner to perform that.

Now in the hospital setting we perform many autopsies that are so-called coroner cases, that are cleared by the corner for us to perform. Yes, we do perform certain corner's cases on behalf of the coroner.

Q. How many autopsies did you personally perform last year?

A. As a supervisor for residents?

Q. urn-hum.

A. I don't know the exact number, I would think it would probably be between maybe six and 10.

Q. would that number be -- when I said last year, I meant '98. Just for clarification, your year, PGY 1 year is June to June maybe?

A. '98 I would think somewhere between six and 10.

Q. For the five years preceding that would the number be relatively the same or not?

A. would have been greater. somewhat greater.

Q. That's because you still had your own in-house residency program?

A. No, had nothing to do with the residency program. The autopsy rate has slid somewhat over the last five years.

Q. Do you have any idea why that is true?

A. Census at this hospital is a little lower, we don't ask for the autopsies, we perform autopsies when a permit is obtained. There are a lot of factors. Five years ago the autopsy rate at this hospital was somewhere in the region of 120, 125 a year, it's down significantly from that.

Q. Doctor, I didn't see it in your report, or the letter from M. Groedel, so I need to ask, are you going to offer an opinion as to cause of death of Mr. Brown?

A" Yes.

Q. Please tell me to a reasonable degree of medical probability, what is your opinion as to the cause of death in Lawrence Brown?

A. From what I have seen in the medical record, from what I have seen in my review of the slides, I think that Mr. Brown's death is really a multifactorial one.

He has severe lung disease, he is emphysematous, he has pulmonary arterial hypertension. He has evidence of 1ongstanding pulmonary thromboembolism that certainly goes back months and may go back even years, up to and including this more recent significant or large pulmonary thromboembolus mentioned in my report.

3he has severe cardiac disease. He is in severe heart failure, he has marked cardiomegaly. His heart is very large, I believe it was if not exactly 700 grams, it was in the region of 700 grams. He has had high blood pressure, he has coronary artery disease, which has produced both remote and recent myocardial infarctions and necessitated a recent angioplasty followed by bypass graft.

He obviously has compromised generalized circulation because he went into renal failure or develop compromised renal function during the course of this most recent illness. It's my opinion that his death is due to a combination of recent organizing large pulmonary thromboembolus, superimposed on longstanding pulmonary thromboembolism, with heart failure, and coronary artery disease, that has contributed to the heart fai1ure.

Q. Let me go back, retrace. My handwriting is

horrendous, perhaps I can read what I wrote.

You said he has severe lung disease, can you -- I don't want to use the word quantify initially, qualify what type of lung disease you believed he had when he came to University Hospitals in May of 1997?

A. well, I think I enumerated those. He had emphysema, with emphysematous bullae, he's been a four pack a day smoker for I forget how many years, he has chronic lung disease from smoking, he has pulmonary arterial hypertension, significant pulmonary hypertension.

Q. The pulmonary hypertension is caused by the underlying lung disease; do you agree with that or not?

A. I think pulmonary hypertension in his case was a combination of we know the emphysema, yes, in part due to that; in part also to the longstanding thromboembolism which certainly contributed to the pulmonary arterial hypertension.

Q. That is an aspect that compromised his health, would have been caused by emphysema related to smoking; could you agree that probably would have accounted for the emphysema found in the lungs?

A. Yes.

Q. He has severe pulmonary hypertension which in all probability was caused by the fact he embolized into his

lung sometime prior to coming to the hospital. I want to make sure I'm understanding what you are saying.

A. Yes. A combination of longstanding thromboembolism and emphysema.

Q. An autopsy prepared --

A. If I could add to that.

Q. Sure, that is okay.

A. The heart failure contributed to the ongoing pulmonary hypertension as well.

Q. when you say heart failure, right-sided heart failure, left-sided heart failure, or does it matter?

A. Both. The commonest cause of right-sided heart failure is left-sided heart failure. Both therefore contributed to the pulmonary arterial hypertension.

Q. Is it within your medical knowledge to confirm or deny the most common cause of right-sided heart failure is lung disease?

A. The most common cause of right-sided heart failure is secondary to left-sided heart failure, but right-sided heart failure is also a consequence of chronic lung disease, yes.

Q. I'm not going to pull it out, we will see if you can remember, the prosector in Mr. Brown's case was I believe a nice young female pathologist Erica someone?

A. Erica Wilson.

Q. I forgot her last name.

she found cor pulmonale, do you have an opinion as to whether cor pulmonale was in existence?

a. cor pulmonale is right-sided heart failure. I think I've enumerated that he had emphysema, longstanding thromboembolism.

Q. another factor you listed in your multifactorial dissertation was cardiomegaly, enlarged heart?

a. I think I said heart failure.

Q. Maybe I just didn't get that.

You're indicating high blood pressure, in what way did the high blood pressure contribute to his ultimate death?

a. High blood pressure we know contributes to heart failure, the end result of high blood pressure is heart failure, so the large size of his heart, the very large size of his heart is due to both left-sided and right-sided failure. We explained the right-sided failure, chronic lung disease, he has left-sided disease as well.

He is a hypertensive patient, also has ischemic heart disease with significant infarct involving left and right ventricles. There is another contributing factor to the heart failure.

Q. I gather you recently had the opportunity to read

the university Hospitals record, recently since January but before Mr. Groedel sent me this letter regarding your new opinions?

A. The University Hospitals' record, yes.

Q. could you determine based upon the copy of the record that you received as to whether or not Dr. Lee, the attending cardiothoracic surgeon for Mr. Brown had -- could you determine whether or not within the four days preceding Mr. Brown's death that Dr. Lee was of the opinion that Mr. Brown was stable from the cardiac point of view?

A. I don't recall that specifically, that specific comment.

Q. Do you believe that for the four days preceding his ultimate demise that there was clear evidence in the chart that he was unstable from the cardiac point of view; do you recall that?

A. I don't recall specifics. Certainly preterminally there was evidence of heart disease, arrhythmia, slowly falling blood pressure.

Q. When you say preterminally, I'm sorry?

A. I forget the exact time frame prior to death, I believe he died on the 4th.

Q. On the morning of the 4th of June.

A. In the morning of the 4th, it would be that night.

Q. I would like to ask you if you have a recollection of reading the note contained in the chart. I'll show it to you, this one I eventually highlighted 6-3-97, 3:00 p.m., ultrasound evaluation of the heart?

A. I don't recall specifically seeing that particular note.

Q. Are you able to read this note?

A. Not everything.

Q. The parts that you are able to read, what does it demonstrate to you about Mr. Brown's heart function at that time?

A. Doppler study of the left --

Q. Internal?

A. Mammary artery graft, left internal mammary artery demonstrate5 triphasic wave pattern. I'm not sure exactly what that implies. Systole peaks, quantitatively less, I don't know what that implies. I can't read the next word, something on the right only, minimal diastolic flow demonstrated, discussed with Dr. Lee.

Q. You are not able to interpret that cardiology language, that is what are you telling me?

A. I'm not a cardiologist, I would not comment on specifically what that means.

Q. There is another note which I would like you to

look at, I want to ask you a question about that.

Immediately following that progress note there, 6-4-97, it looks like would you agree with me 5:00 in the morning we can't always read the handwriting precisely from the copies.

A. 0500, yes.

Q. About 5:00 in the morning basically says CTSP for intubation secondary to impending respiratory failure. Do you have an opinion what the cause of the impending respiratory failure was at that moment, based upon your training as a pathologist?

A. I think again as I indicated that based on what I have seen and based on what was found at autopsy, it is my opinion it was a multifactorial process.

Q. when you say it's multifactorial, so I'm not surprised at trial, what was the primary contributing factor as to the cause of death, if you are able to discern one?

A. It gets back to what I said, here is a man in heart failure, with a recent infarct, recent bypass surgery, who has emphysema, pulmonary arterial hypertension, has a significant major organizing pulmonary thromboembolus, taken together these are all contributing to impending respiratory failure,

Q. So in answer to my question, I know I sound like

I'm picking, I need to know if I ask you at the trial, if you are asked would you say they are equally contributory to his death?

MR. GROEDEL: objection. You can answer if you can.

A. I don't know how you can answer equally contributory. You are asking me if half of those factors are contributing equally. I think they contribute in concert. They contribute together. You've got someone with poor pulmonary blood flow due to thromboembolism, arterial hypertension, the blood getting into the lungs is poorly oxygenated, emphysematous. Blood flow suggests a heart failure, the pump isn't working at full capacity. Those all contribute together.

Q. Even though you haven't seen the deposition of Dr. Downs, have you been made aware of what Dr. Downs testimony is?

A. No.

Q. If a person has an O_2 HTD of 75, what does that tell you about their physical status?

MR. GROEDEL: on room air?

Q. On mask, let's put it that way?

MR. GROEDEL: How much oxygen?

MISS KOLIS: I don't know. I'm

asking what he needs to know first.

A. He's not well oxygenated, you know, I'm not an intensivist, I don't hold out to be one, he's not well oxygenated, that much is apparent.

Q. You told me that you're not an intensivist — not a cardiologist, I want to be sure about this.

Your opinion as to his cause of death is based upon autopsy findings and what clinical information?

A. It is based on autopsy findings, it is based on the overall picture and data in the chart that would indicate that a patient -- we know he's had remote and recent infarcts, we know that clinically by history and absolutely by fact at autopsy there is evidence of it. We can see it. We know that,

we know he's in heart failure, we know that clinically. We know that from the pathologic standpoint. We can see at autopsy that he has emphysema and we know that there is evidence that he was in fact poorly oxygenated.

We know that he has a large pulmonary thromboernbolus that is now organizing, we've seen that. We were able to study it and know how large it is, where it's located, the fact that it's organizing. when we put all that together, which is what we do as

pathologists, we come up with a clinical, pathologic -- we're able to correlate and tie together what we know clinically and what we find pathologically.

Q. If the cardiothoracic surgeon in this case, who was the attending for Mr. Brown, indicated that the cause of death was a pulmonary embolus, would you disagree with that opinion, if he so rendered it?

MR. GROEDEL: objection, asked and answered. Go ahead.

MISS KOLIS: didn't ask him that question.

A. I don't know what he based that opinion on, I can't answer that question.

Q. Do you defer to the attending to evaluate the clinical information in conjunction with autopsy information in reaching that conclusion?

A. We do autopsies in order to accurately and better define the pathologic processes that were taking place. That is why we do the autopsy. He had a pulmonary embolus, we know that.

It was a large pulmonary embolus, it's organizing saddle type of embolus, the clinical data supports that in terms of oxygenation and perfusion, that is documented in the chart. So from a clinical standpoint, the clinicians knew that this patient had

had thromboembolism, but the autopsy is done to accurately define site, location, size, duration, time frame, et cetera.

Q. Do you know anything about the treatment of pulmonary embolisms?

A. Specifically or in generality?

Q. I guess, first of all, you are not going to render, I think Marc made that clear, I always cover the ground on the questions, you won't be rendering an opinion as to appropriateness of the interventions that occurred?

A. No.

Q. Do you have an opinion to a reasonable degree of medical probability as to whether or not Mr. Brown threw another embolus on the morning of June 4th?

A. Yes, I do have an opinion.

Q. what is your opinion?

A. My opinion is that there is no evidence at autopsy that he did.

Q. No evidence meaning you were looking for fresh clot?

A. Looking for evidence of a new embolus, a fresh embolus prior to death.

Q. Let me ask you the question, it won't be very artful, we will work on it.

You are aware that there was a study done the day before on Mr. Brown that detected old and acute clots in the groin area; are you aware of that study?

A. There was a study that had shown thrombus within -- I forget specifically which femoral veins, on the left side I believe.

Q. So you were aware of that?

A. Yes.

Q. Do you agree medically that it is possible for some of the old clot in that region to dislodge and to go into the pulmonary artery?

A. Yes.

Q. Do you agree that if the clot which was old went into the pulmonary artery that it wouldn't have the appearance of acute clot?

A. Yes.

Q. How do you know that did not happen in this case?

A. Because there is no evidence of such a different -- there is no evidence of embolus different from and separate from the organizing embolus in the pulmonary artery. That may be very clumsy.

At autopsy the only evidence is that of an organizing large thromboembolus that I've described and told you about, in the pulmonary, saddle type

embolus involving both the right and left pulmonary

A. Those were the percentages given, yes.

Q. Do you have an opinion as to whether or not it is possible for the person to have one, whether it is left or right 80 percent and the other 90 percent and still be alive?

A. Is it likely -- I forget your question. Is it possible or is it likely?

Q. We'll start with the word possible.

A. In this case, at the time of autopsy it was deemed that those vessels were 80 to 90 percent occluded, he died. He presumably had lived with a significant occlusion for a period of time.

Q. If so I understand the math and the days, is it your testimony today that 80 and 90 percent occlusion in left and right pulmonary artery had been in existence for 10 days?

A. No.

Q. How long do you think that had been in existence?

A. I don't know exactly how long the 80 to 90 percent. what was found at autopsy is a large organizing thromboembolus that shows an ongoing process of organization, from the point of attachment of the clot to the vessel wall, all the way through to the central portion of the blood clot.

Q. I don't know that that answered my question. Let me try it again.

First of all, as a pathologist are you aware of any studies that discuss compromise of the left and right pulmonary arteries and what that means in terms of possibility to survive?

A. Am I aware of studies of compromise, specific studies?

Q. um-hum.

A. I'm not quite sure what you mean. In terms of degree of blockage or occlusion?

Q. Right, exactly.

A. No.

Q. The question that I had asked you, hoping to receive an answer, was if he was blocked 80 to 90 percent, left/right, we don't have the autopsy right in front of us, I asked you if he had been blocked in the left and right pulmonary arteries for 10 days or more at that percentage of occlusion?

A. No.

MR. GROEDEL: I think he answered that.

A. My answer was no.

Q. I understood that answer. So I want to know then was he continuing to embolize within 10 days prior to his death that there was an accumulative effect in the left and right?

A. I don't think it is accumulative effect of a repeated embolism. I certainly can't exclude the possibility that following the first embolus that occurred, I've said here two weeks old -- let me go back and say that at a point subsequent to that first embolus two weeks previously, that another emboli had occurred. However, the process of organization that is taking place here is really an ongoing one. One can track the organization as I said all the way really from outside the vessel wall, one can see the inflammation through the vessel wall into the blood clot.

When a blood vessel, be it pulmonary artery or peripheral blood, a renal artery, femoral artery is partially occluded and blood flow is altered because of that in a patient who may be hypercoagulable, new blood clot continues because of sludging, new blood clot continues to sort of layer itself on the old blood

clot.

A perfect example of that would be a blood clot that forms on an anastomosis, at the bypass graft anastomosis, those clot up because maybe a tiny kink in a vessel even produced an alteration of laminar blood flow, due to the turbulence of the blood with partial obstruction one gets blood clot building up. It is common for a patient with emboli, pulmonary artery emboli, systemic thrombi to progressively increase the degree of vascular occlusion due to the slow progressive buildup of blood clot based upon the pattern of organization of the blood clot. It's my opinion that's exactly what occurred in this case.

Q. I'm going to ask you some other questions. We will see which I think are really important I suppose.

When Mr. Brown came into the hospital, I'm assuming because it was in your testimony, that you were aware that he had pulmonary hypertension, correct?

A. It is indicated in the medical record.

Q. At the time he had his bypass that was clear or I'm stating that, do you agree it was clear at the time of his bypass, that he did have pulmonary artery hypertension?

A. Pulmonary artery hypertension isn't a sudden condition, so, yes.

Q. Do you have an opinion that you'll be offering as to the cause of the pulmonary artery hypertension that existed at the time of bypass graft?

A. We have been over a few times that he has emphysema, he's had pulmonary thromboembolism.

Q. Based upon your recollection of the records, how would you characterize the degree of pulmonary hypertension Mr. Brown had at the time of his bypass?

A. I don't recall whether I would characterize it as moderate or severe pulmonary hypertension, it was certainly significant.

Q. Based upon clinical information and/or the pathology slides, can you tell us in terms of the clots in the lung what percentage were chronic, what percentage were acute, meaning within a week to two weeks of the time of his death?

A. I couldn't quantify that. There were a number of old pulmonary artery webs, which are old, remote, months, years; there were new small pulmonary arteries, arterials that had fresh embolus in them.

Then there is in the right and left there is a saddle embolus that sort of extended into the main branch and the main branch of the pulmonary artery with some smaller fresher blood clots as well distal to that.

Q. Doctor, do you have an opinion as to the cause of the pulmonary emboluses, plural, found in the lungs?

A. which ones, all of them?

Q. All of them.

A. well, the saddle type embolus would have had its origins from the deep veins somewhere. There are studies which have shown femoral vessel thrombosis, so that would certainly be a source.

As I've indicated, I think an ongoing process of thrombosis overlying the saddle embolus has contributed to the extent of occlusion that was found at autopsy. And the little, the small fresh emboli that one sees in smaller vessels are small bits of fresh thrombus that have just sort of broken free from the surface of the organizing large saddle embolus, that have showered more distally. He has evidence distally of old remote emboli as well.

As I said, there is an evidence this has been in this process for a long period of time, probably years.

Q. In the autopsy report Dr. Van DePol makes reference to acute infarction of the posterior ventricle; do you recall that?

A. Yes.

Q. Do you have an opinion when that infarction

occurred?

A. I've not looked at those slides. I have read Dr. Van DePol's opinion, before rendering an opinion I would certainly like to look at those slides, review the slides and come to my own conclusion.

Q. I guess I have two questions about that.

I assume then it's your testimony that based upon the gross microscopic information contained in the autopsy you personally couldn't reach a conclusion as to when the right posterior ventricle infarcted?

A. Other than reading the microscopic description by Dr. Van DePol in the autopsy report, together with his testimony that this was a recent infarct with evidence of remote infarct in the posterior wall of the left ventricle as well.

Q. You just indicated you had not seen the heart slides, do you feel you need to see them to render a competent opinion in this case? Can you do so without actually seeing the heart slides?

A. If the question I'm being asked is how old was infarct in the right ventricle, I would like to look at that the slide, make up my own mind on that.

Q. Does the age of the infarct have any bearing on your ultimate opinion as to the cause of death in this

case?

A. As to the fact that this patient has heart failure and a whole host of factors we discussed, no.

Q. I think the answer is fair enough.

When someone indicates in an autopsy that something is focally transmural, what does that mean to you?

A. well, focal means in part, transmural means through the wall. So there was an old infarct, that in part involved the full thickness of the posterior wall of a left ventricle.

Q. The left ventricle infarct, do you have an opinion as to the age of that?

A. All I've read is remote.

Q. So you don't really have any information?

A. I haven't looked at the slide.

Q. You haven't looked at the slide, the word used was remote, that doesn't tell you how long ago that infarction occurred; is that correct?

A. It doesn't tell me exactly. If we're using the term remote it usually implies that there was old healed infarct, certainly at the very least many weeks, several weeks, many months or even years. All I know is that there was a remote infarct.

Q. Mr. Groedel asked Dr. Wecht a good question at his

deposition, I want to borrow the same.

MR. GROEDEL: Just one?

MISS KOLIS: Just one. I couldn't believe it. Just teasing.

THE WITNESS: Even a blind squirrel finds an acorn occasionally.

Q. Have you taken photomicrographs of the slides in this case?

A. Yes.

Q. Are you going to go blow them up, use them at the trial?

A. I'm not going to blow them up. I've given them to Mr. Groedel, he's going to decide to use photographs, use the slides, make prints, whatever,

Q. I'm just curious. That's fine.

When writing an autopsy report and discussing embolus, when you use the word resolved, what do you mean?

MR. GROEDEL: Resolved or resorbed?

Q. Resolved?

A. If I use the word resolved?

Q. Right.

A. For me the term resolved means it goes away or it, you know -- resolved means goes away, disappears. I

don't believe I used that term.

Q. I would gather that you use the term however resorbed?

A. I used the term and do use the term resorbed.

Q. What does resorbed mean to you?

A. I suppose reabsorbed is a variant of resorbed in some respects. Again I'm going to answer it you're asking me in terms of a blood clot?

Resorbed means -- with regard to the blood clot it becomes incorporated into the wall of the vessel, granulation tissue, organization reduces the amount of blood clot present. That blood clot eventually becomes sort of incorporated into the wall of the vessel, those webs that you've read about in the autopsy report are the sort of last indication that the blood clot was present there. One ends up with a band of scar tissues in the vessel with the rest of the clot having been resorbed.

Q. How long does a blood clot have to be in the lungs before we see evidence it's organizing?

A. Blood clot in the lung is no different than blood clot in most other vessels, it depends on what degree of organization you are talking about.

Q. How do we categorize degree of organization of a blood clot in the lung?

A. The earlier organization which is sort of the adherence of blood clot to the wall, and the ingrowth of small capillaries probably starts sometime around four days, three to four days maybe at the earliest, earliest sort of biochemical -- that is not right term. The earliest phase before we can see it microscopically may be two, three days. By the time we see little capillaries growing into a blood clot we're talking somewhere in the region of four days.

Q. Do signs of organization begin immediately after the clot arrives in the lungs?

A. Do signs of organization?

Q. Right.

A. well, I really don't know how to answer that question because organization starts once the blood clot becomes adherent to the vessel wall. That can be anywhere 36, 48 hours, it sort of adheres to the vessel wall, the endothelial cells provide the basis for which the small blood vessels grow in. We don't see that under a microscope until probably as I said four days or so.

Q. Can I have your definition of what is meant by characteristic lines of Zahn's?

A. Lines of Zahn's are bands or zones that we see in a thrombus that include sort of bands of fibrin mixed

with red blood cells, that is what a line of Zahn's is.

Q. How soon after the blood clot arrival in the lung would we begin to see lines of zahn's?

A. One can see lines of zahn's probably somewhere within 18, 24 hours after a blood clot forms.

Q. Will those lines go away over a period of time?

A. ultimately as the blood clot sits there, yes, the lines of zahn's will disappear because the red blood cells will eventually lyse, disappear, and new fibrin will be laid down.

Q. Once again, do you have an opinion as to the time frame?

A. ongoing.

Q. So at trial if that question gets asked you're not going to name a precise amount of time, six hours, 24, you are going to say ongoing?

A. [redacted] you are talking about single blood clot, you may start seeing lines of zahn's appear maybe even 12 hours after it forms if there are no other physiologic factors involved. Unfortunately that is very rare, you don't get a blood clot, then nothing happens after that, you get a blood clot, new clot forms over it. This is unfortunately fact.

One may see new lines of zahn's for a period of maybe 24, 48 hours, after which yes, the lines

of zahn's, the blood hemolyzes, the blood clot becomes a fibrin clot, eventually starts organizing.

Q. Do you agree that at the time of autopsy that no pulmonary infarcts were found?

A. I did not see any in the slides that were sent to me.

Q. What is your training in pulmonology?

A. I have no formal training in pulmonology.

Q. Do you agree with the following statement: The only significant atherosclerosis noted at time of autopsy is one coronary artery about 50 percent in the LAD?

A. You know, again the slides that were sent to me, just the one section that was about 50 percent, based on the report of Van DePol, Dr. Van DePol, yes, I saw nothing that indicated a greater extent than that.

Q. Given Mr. Brown's level of pulmonary compromise prior to the morning of June 4th, hypothetically what degree of additional embolization would you think it would take to have him have a terminal event?

Let me ask it again. Given the degree of pulmonary compromise that existed in this patient prior to the morning of June 4th, are you with me? I think you are.

A. Okay.

Q. Do you have an opinion as to what amount of additional embolus it would have taken to have caused a terminal event in this patient from an embolus?

A. I have no idea. He was compromised cardiac-wise, he was compromised pulmonary-wise. He has a large organizing thromboembolus, I really can't say how much, how large, quantify what specific additional factors would have precipitated cardiopulmonary failure.

Q. would you defer to the judgment of a Board certified pulmonologist and his ability to answer that question?

A. I don't know that that question can be answered. I'm unable to tell you that it would have taken another embolus 1 millimeter, that can't be answered. I think there are so many other factors going on.

Q. In your review of the chart were you looking on the evening and morning of June 3rd and June 4th for clinical evidence of additional embolus, clinical not pathology obviously?

A. I looked through the records, certainly. Was I looking specifically to see if there was an acute embolus, in looking through the record I see no evidence of a specific acute event that produced cardiopulmonary arrest. It was rather a decline, blood pressure fell, he became hypotensive, he had arrhythmias, then couldn't

be resuscitated. I did not see an acute event of sudden collapse.

Q. You've read Dr. Wecht's testimony I'm assuming a little while ago, right?

A. Yes.

Q. Do you know Dr. Wecht?

A. I know who he is, I don't know him personally.

Q. Never had an opportunity to speak with him for any particular reason?

A. No. I'm not invited to appear on Geraldo Rivera so I would not have spoken to him.

Q. Doctor, one of his bases for his opinion is the fact that Mr. Brown did not respond to CPR mitigates against this being heart failure; do you agree or disagree with that opinion?

A. could you repeat that? Sorry.

Q. sure. I'll try to read it in context so I don't misread it. Part of Dr. Wecht's testimony was of course opinion testimony, he attempted to give his basis for his beliefs.

He indicates the clinical picture, that the dramatic nature and unresponsiveness to CPR are all so very consistent with massive bilateral pulmonary embolus you can't do anything about it; do you agree with that statement?

MR. GROEDEL: I'll object. Go ahead, you can answer.

A. A massive fresh pulmonary embolus often times you can't do anything about it. You know your question initially had something to do with the fact that the patient couldn't be resuscitated mitigated against this being a cardiac death. If that was the fact, no patient would ever die of heart failure, which is ridiculous.

Q. You had answered earlier that it is possible for old clot found in the veins to find its way up to the pu1monary artery, correct?

A. It is possible. usually blood clot that embolizes is fresh, unattached, not organized blood clot. Especially where there is no trauma involved. Once blood clots starts organizing, it's attached to the vessel wall, it takes something to knock a piece of that off.

Q. You also, so that I'm perfectly clear about it, testified that if in fact that is what occurred, it would appear as a recognizable separate entity in the pulmonary artery?

A. Yes.

Q. Just a couple more minutes.

A. okay.

Q. What is your explanation as to why there are no

infarctions, pulmonary infarctions in the lungs?

A. Well, I think what happened in this patient is that he had an embolus that was sizeable, about two weeks before he died; that this embolus started organizing, that blood continued to flow and perfuse the lung, albeit not very well, because we know that; that because blood was continuing to flow he in fact did not infarct.

Infarction occurs when a usually segmental pulmonary artery is completely or almost completely occluded, blood flow to a segment, either a large or small segment of lung, is completely cut off, that area infarcts. In this case, it's my opinion that the infarct that developed two weeks prior to his death allowed --

MR. GROEDEL: The embolus.

THE WITNESS: Embolus.

MR. GROEDEL: You said infarct.

A. I apologize.

The embolus that occurred two weeks before his death obviously did not block the right and left pulmonary artery, he would have died acutely. Blood continued to flow and perfuse the lung. There was no infarct over this period of *two* weeks while this embolus was organizing, blood clot continued to build

up, the pulmonary artery became progressively more occluded, there was ongoing blood flow through the lungs throughout this period of time.

Q. Based upon your review of the chart, on what day to a reasonable degree of medical probability should the doctors have recognized that the man was embolizing or had embolized?

MR. GROEDEL: objection. I already indicated Dr. Mendelsohn is not going to be rendering opinions at trial with respect to the standard of care.

Q. That's fair enough. I hate to beat a dead horse, make sure I don't get surprised.

Currently, meaning within the last two years -- how current could that be -- approximately how much medical/legal work are you actually doing?

A. You know, I probably get sent maybe 10, 12 cases a year to look at. Maybe a couple more than that. Most of those I don't consider medical/legal work because I look at the slide, I give an opinion, usually a verbal opinion, the answer is thank you very much, could you return the slides, or we will have a courier pick them up. As far as I'm concerned I have looked at a couple of pathology slides. I'm asked probably I think if I said a dozen time a year I wouldn't be too far off.

Q. Is it still predominantly lawyers who represent doctors that contact you?

A. Yeah, predominantly.

Q. I'm aware you testified for I believe Eric Kennedy, Mr. Scanlon in Akron, anybody else come to mind?

A. I've looked at cases for Steve charms, Toby Hirschman.

Q. All ex-PIE guys. Anybody else?

A. what is his name, Mr. DaPore.

Q. Tony DaPore?

A. I can't --

Q. It's okay.

A. A few others.

Q. Do you keep -- I can't imagine you do, I'll ask anyway -- do you keep records of cases you've worked on, keep any of the reports, things of that nature?

A. If cases are current, obviously I've got files.

Q. Then you toss it?

A. Yeah, if I'm told a case is settled or I'm not asked to pursue it, or do anything, then I don't keep a file.

Q. would you have -- I asked you this earlier in the deposition -- would you have any way of reconstructing for whom you offered testimony in pulmonary embolus

cases before?

A. Yes, I could go through my records and look at that, sure.

Q. I would like for you to provide the information to Mr. Groedel. Assume the following parameters: If it was in a case you actually authored a written report, or a case that was filed in court. I would like the information under those circumstances. If you find in your review that somebody merely asked your opinion, you didn't write a report, didn't participate in the case, you don't have to provide that.

A. okay.

Q. Is that fair enough?

A. Again, I would just add that if a case did go to trial, the case was whatever happened to it after trial, I don't keep all these records.

MISS KOLIS: That's okay. I'm seeing if you can reconstruct -- candidly I'm asking because I've been able to track down a large number of depositions you've given, they are all in cases dealing with cancer pathology, I'm curious if you've ever done a PE case.

Having said that I'll be ordering a transcript of today's deposition, you know the drill, would you like the read it?

THE WITNESS: Yes.

MISS KOLIS: [redacted] can waive the seven day reading requirement but not by much. Today [redacted] September 28th, trial is set for November 1st, could you read it, sign it within 14 days?

THE WITNESS: Yes.

MISS KOLIS: Does that work?

THE WITNESS: That is fine. when will [redacted] get it though?

MISS KOLIS: It's up to how busy she is.

THE WITNESS: I'm going away for a few days in the middle of October, if it arrives on the 9th, I don't get back until the 12th, no, [redacted] can't.

MISS KOLIS: Doctor indicates he would like to read, [redacted] have waived the seven days required, asking him to try to deliver it in 14.

MR. GROEDEL: Thank you for that.

(Deposition concluded; signature not waived.)

ERRATA SHEET

NOTATION	PAGE/LINE

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

GEOFFREY MENDELSOHN, M.D.

The State of Ohio,

county of Cuyahoga. : CERTIFICATE:

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, this 1st day of October, 1999.

Constance Campbell

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

$
$275
[1] 6:14
'
'80s
[1] 23:6
'87
[1] 26:6
'90s
[1] 23:6
'98
[2] 27:23 27:25
0
0500
[1] 35:6
1
1
[2] 27:23 54:14
1-14-99
[1] 3:10
10
[11] 17:11 18:9 18:17 25:8 25:14 27:21 27:25 41:23 42:24 43:6 58:17
113
[1] 2:18
12
[5] 3:10 17:11 18:9 52:18 58:17
120
[1] 28:14
125
[1] 28:14
12th
[1] 61:14
13
[3] 9:7 9:16 10:9
13th
[3] 10:21 10:21 11:11
14
[7] 9:2 17:11 18:9 18:9 61:5 61:17 63:24
14th
[3] 10:22 10:25 12:3
15
[2] 7:14 8:6
15th
[3] 7:21 7:24 8:20
16
[1] 7:8
18
[1] 52:5
1987
[2] 25:1 25:2
1988
[1] 24:10
1997
[3] 21:2 25:7 30:5
1999
[12] 1:18 6:25 7:5 7:8 7:14 8:6 8:19 9:2 9:7 9:16 10:9 63:19
1st
[2] 61:4 63:19
2
2
[2] 6:25 25:23
2003
[1] 63:24
216
[2] 2:8 2:20
24
[3] 52:5 52:15 52:25
27
[1] 7:4
28th
[3] 1:18 9:5 61:4
3
330
[1] 2:6
346342
[1] 1:7
36
[1] 51:17
3:00
[2] 1:19 34:4
3he
[1] 29:8
3rd
[1] 54:17
4
44113
[1] 2:7
44114
[1] 2:19
88
[2] 51:17 52:25
8th
[7] 33:23 33:24 33:25 39:15 53:18 53:23 54:17
5
5
[3] 3:4 25:23 25:23
50
[2] 53:11 53:14
5:00
[2] 35:4 35:7
6
6-3-97
[1] 34:3
6-4-97
[1] 35:3
687-1311
[1] 2:20
7
700
[2] 29:11 29:11
75
[1] 36:20
a
80
[6] 41:6 41:11 41:17 41:21 42:1 42:21
861-4300
[1] 2:8
9
9
[1] 8:19
90
[6] 41:6 41:11 41:17 41:21 42:1 42:21
9th
[1] 61:14
—
[18] 62:3 62:4 62:5 62:6 62:7 62:8 62:9 62:10 62:11 62:12 62:13 62:14 62:15 62:16 62:17 62:18 62:19 62:20
[1] 62:24
[18] 62:3 62:4 62:5 62:6 62:7 62:8 62:9 62:10 62:11 62:12 62:13 62:14 62:15 62:16 62:17 62:18 62:19 62:20
A
Ability
[2] 23:2 54:10
able
[9] 14:4 15:25 34:7 34:9 34:21 35:17 37:23 38:2 60:19
Abnormal
[1] 27:6
Above-captioned
[1] 9:9
Absolutely
[1] 37:14
Accept
[1] 12:25
Acceptable
[3] 5:11 5:18 6:21
Accordingly
[1] 5:15
Accounted
[1] 30:21
Accumulative
[2] 43:7 43:9
Accurate
[1] 62:22
Accurately
[3] 8:21 38:17 39:2
Acorn
[1] 49:6
Action
[1] 63:16
Acute
[14] 19:3 19:4 19:6 19:7 19:8 19:9 19:10 40:3 40:16 45:15 46:22 54:21 54:23 55:1
Acutely
[1] 57:22
Add
[2] 31:6 60:14
Additional
[6] 13:20 19:24 53:19 54:2 54:7 54:18
Adherence
[1] 51:2
Adherent
[1] 51:16
adheres
[1] 51:17
Affixed
[1] 63:18
Aforesaid
[2] 63:6 63:11
Afraid
[2] 17:3 19:15
after
[5] 4:2 17:1 23:1 47:24 48:13
again
[3] 28:13 48:18 55:4
Agree
[12] 9:21 23:18 30:13 30:21 35:3 40:10 40:14 44:21

53:3 53:9 55:14 55:24
Agreement
[1] 10:23
Ahead
[2] 38:9 56:2
Air
[3] 15:1 15:3 36:22
Akron
[1] 59:5
Al
[1] 1:9
Albeit
[1] 57:6
Alive
[1] 41:12
Allowed
[1] 57:15
Almost
[1] 57:10
Alone
[1] 15:24
Alteration
[1] 44:5
Altered
[1] 43:22
Amount
[5] 6:15 18:16 50:12 52:15 54:1
Anastomosis
[2] 44:3 44:4
Anatomic
[1] 26:21
Anatomical
[2] 26:17 26:20
Angioplasty
[1] 29:14
Answer
[16] 5:3 13:9 21:6 35:25 36:5 36:6 38:13 42:21 43:4 43:5 48:4 50:7 51:14 54:10 56:2 58:71
Answered
[6] 38:9 42:7 43:2 54:12 54:14 56:9
Anyway
[1] 59:16
Apologize
[1] 57:19
Apparent
[1] 37:4
Appear
[4] 8:11 52:18 55:LO 56:20
Appearance
[1] 40:16
APPEARANCES
[1] 2:1
Appeared
[1] 20:24
APPENDIX
[1] 3:1.5
Appropriateness
[1] 39:10
April
[2] 8:6 23:25
Area
[5] 23:11 23:17 26:21 40:3 57:13
Areas
[4] 23:14 23:15 23:20 27:4
Arena
[1] 20:22
Arrangements
[1] 6:18
Arrest
[1] 54:24
Arrhythmia
[1] 33:19
Arrhythmias
[1] 54:25
Arrival
[1] 52:2
Arrives
[2] 51:11 61:13
Arriving
[1] 20:3
Arterial
[6] 29:2 30:10 30:18 31:14 35:21 36:11
Arterials
[1] 45:20
Arteries
[4] 41:2 42:11 42:24 45:19
Artery
[36] 12:13 12:14 12:14 15:7 15:8 15:20 16:2 16:8 16:17 16:19 16:20 16:21 16:23 29:12 29:23 34:14 34:14 40:12 40:15 40:22 41:22 43:21 43:21 43:22 44:8 44:22 44:24 45:2 45:18 45:23 53:11 56:11 56:21 57:10 57:22 58:1
Artful
[1] 39:25
Aspect
[1] 30:19
Aspects
[1] 27:8
Assessment
[1] 26:14
Assistance
[1] 23:7
Association
[1] 16:16
Assume
[3] 17:18 47:7 60:5
Assumed
[1] 12:14
Assuming
[2] 44:17 55:3
Assurance
[5] 21:8 21:14 21:19 21:24 22:5
Atherosclerosis
[1] 53:10
Attached
[3] 15:8 16:22 56:15
Attachment
[1] 42:4
Attempted
[1] 55:19
Attending
[3] 33:7 38:5 38:14
Attention
[1] 7:5
Attorney
[6] 5:9 5:14 5:14 11:18 22:22 63:15
Attorney's
[1] 22:14
Attorneys
[1] 17:2
August
[1] 7:4
Auspices
[1] 25:10
Author
[1] 17:22
Authored
[2] 10:11 60:6
Autopsies
[12] 24:11 24:14 24:17 24:23 25:11 25:21 26:9 27:13 27:16 28:11 28:11 38:17
Autopsy
[36] 12:10 12:12 18:4 19:5 19:6 20:8 24:18 25:17 26:22 28:7 28:13 31:5 35:13 37:8 37:10 37:14 37:18 38:15 38:19 39:1 39:18 40:23 41:3 41:4 41:16 42:2 42:22 46:12 46:21 47:9 47:13 48:5 49:16 50:15 53:3 53:11
Available
[2] 20:14 20:15
Aware
[10] 11:15 12:4 36:17 40:1 40:3 40:8 42:10 42:13 44:18 59:4

B

Backward
[1] 9:12
Band
[1] 50:16
Bands
[2] 51:24 51:25
Based
[22] 4:22 11:7 13:20 14:8 15:24 18:1 18:12 19:25 33:5 35:10 35:12 35:13 37:8 37:10 37:10 38:12 44:11 45:6 45:12 47:8 53:14 58:4
Bases
[1] 55:12
Basis
[3] 26:10 51:18 55:19
Bearing
[1] 47:24
Beat
[1] 58:12
Became
[2] 54:25 58:1
Becomes
[4] 50:10 50:13 51:16 53:1
Becoming
[1] 26:13
Begin
[2] 51:10 52:3
Behalf
[4] 2:2 2:14 4:15 27:15
Beliefs
[1] 55:20
Bet

[1] 17:20
Better
[1] 38:17
Between
[4] 18:9 21:14 27:21 27:25
Bilateral
[1] 55:23
Bill
[2] **6:9** 6:20
Biochemical
[1] 51:5
Bits
[1] 46:13
Blind
[1] 49:5
Block
[1] 57:21
Blockage
[2] 41:5 42:17
Blocked
[2] 42:21 42:23
Blood
[62] 16:7 16:21 16:24 17:14 18:13 29:12 32:11 32:12 32:14 32:15 33:20 36:10 36:11 36:13 42:6 43:19 43:20 43:21 43:22 43:24 43:24 43:25 44:3 44:6 44:6 44:7 44:11 44:12 45:24 50:8 50:10 50:12 50:12 50:16 50:19 50:21 50:21 50:25 51:2 51:8 51:15 51:**19** 52:1 52:2 52:5 52:7 52:8 52:17 52:21 52:22 53:1 53:1 54:24 56:12 56:13 56:15 57:5 57:7 57:11 57:23 57:25 58:2
Blow
[2] 49:10 49:12
Board
[1] 54:9
Boarded
[2] 26:16 26:24
Body
[2] 17:8 17:13
Bonnie
[1] 11:11
Book
[1] 23:20
Borrow
[1] 49:1
Branch
[2] 45:23 45:23
Breast
[1] 23:19
Brief
[1] 22:5
Briefly
[2] 14:2 14:3
Bring
[1] 5:25
Broken
[1] 46:14
Brown
[12] 1:6 4:14 28:18 28:22 33:7 33:10 38:5 39:14 40:2 44:16 45:8 55:13
Brown's
[9] 7:18 18:3 18:23 19:13 28:25 31:23 33:9 34:10 53:17
Build
[1] 57:25
Building
[3] 2:6 2:18 44:7
Buildup
[1] 44:11
Bullae
[3] 14:20 15:3 30:7
Busy
[1] 61:10
Bypass
[7] 29:15 35:20 44:3 44:20 44:22 45:3 45:8

C

Cancelled
[1] 8:20
Cancer
[5] 23:15 23:18 23:19 23:19 60:21
Cancers
[1] 23:11
Candidly
[1] 60:18
Capacity
[1] 36:14
Capillaries
[2] 51:3 51:8
Caption
[1] 63:14
Captioned
[1] 9:9
Cardiac
[5] 29:8 33:11 **33:**16 54:4 56:7
Cardiac-wise
[1] 54:4
Cardiologist
[2] 34:23 37:6
Cardiology
[1] 34:21
Cardiomegaly
[2] 29:9 32:8
Cardiopulmonary
[2] 54:8 54:23
Cardiothoracic
[2] 33:7 38:4
Care
[3] 12:25 13:6 58:11
Carriers
[1] 21:3
Case
[32] 1:7 12:5 13:1 13:7 18:22 19:17 20:25 22:9 22:11 22:16 22:17 22:19 22:23 24:19 27:10 30:14 31:23 38:4 40:18 41:16 44:13 47:19 48:1 49:8 57:13 59:20 60:6 60:7 60:10 60:**14** 60:15 60:22
Cases
[9] 27:9 27:13 27:15 58:17 59:7 59:16 59:18 60:1 60:20
Categorize
[1] 50:24
Caused
[6] 19:3 19:13 30:12 30:20 30:25 54:2
Cava
[1] 18:21
Cease
[1] 25:5
Ceased
[1] 25:6
Cells
[5] 16:15 16:18 51:18 52:1 52:9
Census
[1] 28:10
Center
[1] 1:17
Central
[1] 42:6
Certain
[1] 27:15
Certainly
[9] 29:4 30:17 33:18 43:10 45:11 46:8 47:4 48:22 54:2
Certified
[2] 4:5 54:10
Certify
[2] 63:4 63:12
Cetera
[2] 27:7 39:3
Changed
[1] 18:6
Changes
[1] 17:12
Characteristic
[1] 51:23
Characterize
[2] 45:7 45:9
Characterized
[1] 15:1
Charging
[1] 6:16
Charms
[1] 59:7
Chart
[9] 5:25 6:2 6:7 33:16 34:2 37:11 38:24 54:16 58:4
Chief
[1] 24:1
Chronic
[7] 14:25 16:15 16:18 30:9 31:21 32:19 45:14
Circulation
[1] 29:17
Circumstances
[2] 27:9 60:8
Civil
[2] 1:15 4:4
Clair
[1] 2:18
Clarification
[1] 27:23
Clarify
[1] 5:10
Clear
[5] 33:15 39:8 **44:**20 44:21 56:18
Cleared
[1] 27:14
Clearly
[1] 12:11
Cleveland
[7] **1:9** 1:17 **2:7** 2:19 14:6 24:15 63:18
Clinic
[1] 24:15

Clinical
[10] 15:25 37:8 38:1 38:15 38:22 38:24 45:12 54:18 54:18 55:21
Clinically
[3] 37:13 37:17 38:3
Clinicians
[1] 38:25
Clock
[1] 17:8
Clot
[49] 16:7 16:21 16:25 17:14 18:3 18:13 18:17 39:21 40:11 40:14 40:16 42:5 42:6 43:19 43:24 43:25 44:1 44:3 **4424** 44:7 **44: 11** 44:12 50:8 **50: 10** 50:12 50:12 **50: 16** 50:17 50:19 **50: 21** 50:22 50:25 **51: 2** 51:8 51:11 **51: 15** 52:2 52:5 52:7 52:17 52:21 52:22 52:22 53:1 53:2 56:10 56:12 56:13 **57:25**
Clots
[4] 40:3 45:13 **45: 24** 56:15
Clumsy
[1] 40:22
Coincident
[1] 24:4
Coinciding
[1] 24:4
Co11apse
[1] 55:2
Combination
[3] 29:20 30:15 31:3
Coming
[2] **6:6** 31:1
Commencing
[1] 1:18
Comment
[2] 33:13 34:23
Commission
[1] 63:24
Common
[4] **1:4** 31:16 **31: 18** 44:8
Commonest
[1] 31:12
Competent
[1] 47:19
Complete
[2] 3:15 20:8
Completely
[4] 9:12 57:10 **57: 11** 57:12
Comport
[1] 41:6
Compromise
[4] 42:10 42:13 53:17 53:22
Compromised
[5] 29:16 29:18 30:19 54:4 54:5
Computer
[1] 63:9
Concerned
[1] 58:23
Concerning
[1] 11:21
Concert
[1] 36:9
Concise
[1] 4:19
Conclude
[1] 16:10
Concluded
[1] 61:20
Conclusion
[5] 6:19 **15:13 38: 16** 47:5 47:10
Conclusions
[1] 20:4
Condition
[2] 14:25 44:25
Confer
[1] 5:16
Confirm
[2] 21:21 31:15
Congested
[2] 14:19 14:24
Conjunction
[2] 5:23 38:15
Consequence
[1] 31:20
Consider
[1] 58:19
Consistent
[1] 55:23
Constance
[3] 1:15 63:3 **63: 22**
Contact
[1] 59:2
Contacted
[2] 9:13 9:17
Contacting
[1] 10:12
Contain
[2] 12:24 15:7
Contained
[5] **6:4** 14:3 **15: 13** 34:2 47:8
Context
[1] 55:17
Continued
[3] 57:5 57:23 **57: 25**
Continues
[2] 43:24 43:25
Continuing
[2] 43:6 57:7
Contribute
[4] 32:12 36:9 **36: 9** 36:15
Contributed
[5] 29:23 30:17 31:8 31:14 46:11
Contributes
[1] 32:14
Contributing
[4] 32:24 35:16 35:24 36:8
Contributory
[2] 36:3 36:7
Conversation
[1] 9:23
Copies
[1] 35:5
Copy
[8] **6:8 6:9** 7:16 7:25 9:1 12:18 **17: 18** 33:5
Cor
[3] 32:2 32:3 32:4
Corner
[1] 27:14
Corner's
[1] 27:15
Coronary
[4] 12:14 29:12 29:23 53:11
Coroner
[4] 26:14 27:10 27:13 27:15
Correct
[34] 4:16 4:25 **7: 2 7:6 7:7** 8:1 **8:7 8:9** 8:10 8:13 **8: 25 9:3** 9:10 9:11 13:13 13:19 13:22 13:24 13:25 14:6 14:7 15:11 15:18 18:18 19:21 25:11 25:19 26:15 26:18 27:1 44:18 48:19 56:11 63:10
Correctly
[4] **4:9** 6:24 **15: 10** 26:16
Correlate
[1] 38:2
Correspondence
[1] 7:14
Counsel
[1] 63:14
Count
[1] 22:10
County
[2] **1:2** 63:2
Couple
[5] 16:5 18:14 **56: 23** 58:18 58:23
Courier
[1] 58:22
Couriered
[1] 11:12
Course
[4j 4:22 **5:2 29: 18** 55:18
Courteous
[1] 13:15
Courtesy
[1] 10:16
Cover
[2] 3:17 39:8
Covering
[1] 7:18
Covers
[1] 27:4
CPR
[2] 55:13 55:22
Cross-examination
[4] 1:14 **3:4 4:3** 5:21
CTSP
[1] 35:7
Curious
[2] 49:15 60:21
Current
[2] 58:15 59:18
Cut
[1] 57:12
CV
[4] 23:10 23:13 26:16 26:24
Cytology
[1] 26:23

D

DaPore
[2] 59:10 59:11
Data
[2] 37:11 38:22
Date

[2] 7:1 9:5
Dated
[9] 6:25 7:4 7:8 9:1 9:7 9:16 10:21 10:25 11:11
Days
[21] 17:11 17:11 17:11 18:4 18:9 18:16 18:17 33:9 33:14 41:20 41:23 42:24 43:6 51:4 51:4 51:7 51:9 51:20 61:5 61:13 61:16
Dead
[1] 58:12
Dealing
[1] 60:20
Dealt
[1] 22:19
Death
[24] 14:22 19:3 27:5 27:7 27:8 27:9 28:18 28:22 28:25 29:20 32:13 33:9 33:22 35:17 36:3 37:7 38:6 39:23 43:7 45:16 47:25 56:7 57:14 57:21
Decide
[1] 49:13
Decline
[1] 54:24
Deemed
[1] 41:16
Deep
[1] 46:6
DEFENDANT
[1] 2:14
Defendants
[1] 1:9
Defer
[2] 38:14 54:9
Define
[2] 38:18 39:2
Definition
[1] 51:22
Degree
[10] 28:20 39:13 42:17 44:10 45:7 50:22 50:24 53:19 53:21 58:5
Deliver
[1] 61:17
Delivered
[1] 10:20
Delivery
[1] 11:11
Demand
[1] 41:4
Demise
[3] 18:23 19:13 33:15
Demonstrate
[1] 34:10
Demonstrated
[1] 34:19
Demonstrates
[1] 34:15
Deny
[1] 31:16
Department
[2] 23:24 24:7
DePol
[6] 8:12 8:14 46:21 47:13 53:15 53:15
DePol's
[2] 20:3 47:3
Deposition
[25] 1:12 5:2 5:23 6:16 6:19 7:1 7:6 7:8 7:10 8:11 8:17 8:20 13:17 16:14 18:1 19:2 20:1 20:6 20:13 36:16 49:1 59:24 60:24 61:20 63:12
Depositions
[2] 4:23 60:20
Describe
[2] 11:23 26:19
Described
[1] 40:24
Describes
[1] 12:15
Description
[1] 47:12
Detected
[1] 40:2
Determination
[1] 16:4
Determine
[3] 16:1 33:5 33:8
Develop
[1] 29:18
Developed
[1] 57:14
Deviations
[1] 12:25
Devoted
[1] 25:14
Diagnostically
[1] 11:19
Diastolic
[1] 34:19
Die
[1] 56:8
Died
[4] 33:23 41:18 57:4 57:22
Different
[4] 20:22 40:20 40:20 50:21
Diminishing
[1] 23:2
Direction
[1] 63:9
Director
[3] 23:24 23:24 24:7
Disagree
[2] 38:7 55:15
Disappear
[2] 52:8 52:9
Disappears
[1] 49:25
Discern
[1] 35:18
Discontinued
[1] 24:21
Discuss
[1] 42:10
Discussed
[2] 34:19 48:3
Discussing
[3] 8:23 19:21 49:17
Discussion
[2] 7:15 11:9
Discussions
[1] 12:9
Disease
[14] 29:1 29:8 29:12 29:23 30:2 30:4 30:9 30:13 31:17 31:21 32:19 32:19 32:22 33:19
Diseases
[1] 23:20
DISK
[1] 3:17
Dislodge
[1] 40:11
Dissertation
[1] 32:8
Distal
[1] 45:24
Distally
[2] 46:16 46:16
Doctors
[2] 58:6 59:2
Document
[1] 21:22
Documented
[1] 38:24
Documents
[1] 6:7
Done
[4] 4:23 39:1 40:2 60:21
Donna
[3] 2:4 2:5 4:12
Doppler
[1] 34:12
Down
[3] 28:14 52:10 60:19
Downs
[3] 20:20 36:17 36:17
Dozen
[1] 58:25
Dramatic
[1] 55:22
Drill
[1] 60:24
Drive
[1] 1:17
Due
[6] 29:20 30:15 32:17 36:10 44:6 44:10
July
[2] 4:4 63:6
luration
[1] 39:2
luring
[3] 5:16 21:23 29:18

E

Earliest
[3] 51:4 51:5 51:
Early
[2] 16:12 23:6
Effect
[2] 43:7 43:9
Either
[2] 57:11 63:15
Emboli
[5] 43:14 44:8 44:3 46:12 46:17
Embolism
[1] 43:10
Embolisms
[1] 39:5
Embolization
[1] 53:19
Embolize
[1] 43:6
Embolized
[2] 30:25 58:7

Embolizes
[1] 56:12
Embolizing
[1] 58:6
Embolus
[44] 16:10 16:24 17:6 19:4 19:6 19:7 19:8 19:8 19:9 19:10 19:12 22:20 38:6 38:20 38:21 38:22 39:15 39:22 39:23 40:20 40:21 41:1 43:11 43:13 45:20 45:22 46:5 46:10 46:15 49:17 54:2 54:3 54:14 54:18 54:22 55:24 56:3 57:3 57:4 57:16 57:17 57:20 57:25 59:25
Emboluses
[1] 46:2
Emphysema
[10] 14:25 30:7 30:15 30:20 30:22 31:4 32:5 35:21 37:18 45:5
Emphysematous
[6] 14:20 14:20 15:2 29:2 30:7 36:13
Employee
[1] 26:2
Enclosed
[3] 9:8 9:19 10:14
Enclosing
[1] 7:16
2nd
[2] 25:6 32:15
Sndocrine
[1] 23:20
Endothelial
[1] 51:18
Ends
[1] 50:16
Enlarged
[1] 32:8
Entire
[1] 12:12
Entirety
[1] 11:25
Entity
[1] 56:20
:numerated
[3] 16:7 30:6 32:5
Equally
[3] 36:2 36:6 36:8
Eric
[1] 59:4
Erica
[2] 31:24 31:25
Erin
[2] 2:14 4:16
Especially
[1] 56:14
Established
[1] 26:3
Estate
[2] 1:6 4:13
Et
[3] 1:9 27:7 39:3
Evaluate
[2] 22:18 38:14
Evaluation
[2] 27:5 34:4
Evaluations
[1] 6:13
Evening
[1] 54:17
Evens
[1] 26:11
Event
[5] 7:24 53:20 54:3 54:23 55:1
Events
[1] 10:24
Eventually
[5] 26:11 34:3 50:13 52:9 53:2
Evidence
[20] 19:4 19:5 19:7 29:3 33:15 33:19 37:14 37:19 39:18 39:20 39:22 40:19 40:20 40:23 46:16 46:18 47:14 50:20 54:18 54:22
Evidentiary
[1] 21:21
Ex
[1] 59:9
Ex-PIE
[1] 59:9
Exact
[2] 27:20 33:22
Exactly
[9] 7:23 9:15 19:1 29:10 34:16 42:1 42:18 44:13 48:20
Sxamine
[1] 14:5
Examined
[1] 4:5
Example
[1] 44:2
Exclude
[1] 43:10
Exhibit
[2] 12:19 12:21
EXHIBITS
[1] 3:8
Exist
[2] 25:5 25:6
Existed
[2] 45:3 53:22
Existence
[3] 32:3 41:22 41:25
Expansion
[1] 15:1
Expect
[1] 4:21
Experience
[1] 23:17
Expert
[4] 4:15 7:17 9:14 20:24
Expiration
[1] 63:24
Explain
[1] 27:2
Explained
[1] 32:18
Explanation
[1] 56:25
Extended
[1] 45:22
Extending
[1] 16:19
Extent
[2] 46:11 53:16
Extremities
[1] 19:12

F

Fact
[13] 19:8 19:10 30:25 37:14 37:19 37:24 48:2 52:23 55:13 56:5 56:7 56:19 57:7
Factor
[4] 20:2 32:7 32:24 35:17
Factors
[6] 28:12 36:8 48:3 52:20 54:7 54:15
?acts
[4] 4:20 22:23 22:23 23:1
Failure
[32] 14:25 29:9 29:17 29:22 29:24 31:8 31:10 31:11 31:11 31:13 31:13 31:16 31:18 31:19 31:20 32:4 32:9 32:15 32:16 32:18 32:19 32:24 35:8 35:10 35:20 35:24 36:13 37:16 48:2 54:8 55:14 56:8
Fair
[11] 12:23 13:21 20:25 21:1 23:8 23:12 25:15 26:14 48:4 58:12 60:13
Fairly
[1] 23:21
Falling
[1] 33:20
Far
[2] 58:23 58:25
Features
[4] 16:6 16:10 16:23 18:13
Fee
[1] 6:12
Fell
[1] 54:24
Female
[1] 31:24
Femoral
[3] 40:6 43:21 46:7
Few
[3] 45:4 59:14 61:13
Fibrin
[3] 51:25 52:9 53:2
Fibrinous
[2] 14:21 15:3
Fibrosis
[1] 16:13
Figure
[1] 11:6
File
[3] 6:24 11:25 59:22
Filed
[1] 60:7
Files
[1] 59:18
Filing
[1] 24:5
Filled
[1] 15:3
lilter
[1] 18:21
lindings
[5] 12:15 14:15

14:22 37:8 37:10
Fine
[4] 14:14 17:12 49:15 61:8
Firm
[2] 22:13 23:7
Firmly
[1] 16:22
Firms
[1] 22:15
First
[17] 4:4 7:21 9:13 10:2 10:11 10:16 14:18 20:9 20:23 24:8 24:25 37:1 39:7 42:9 43:11 43:13 63:5
Five
[3] 28:1 28:7 28:12
Flow
[10] 34:19 36:10 36:13 43:22 44:6 57:5 57:7 57:11 57:23 58:2
Focal
[2] 16:14 48:8
Focally
[1] 48:6
Followed
[1] 29:15
Following
[7] 7:15 10:22 18:21 35:2 43:11 53:9 60:5
Follows
[2] 4:6 16:5
Forensic
[3] 26:25 27:3 27:4
Forget
[6] 15:19 19:1 30:3 33:22 40:6 41:13
Forgot
[1] 32:1
Formal
[1] 53:8
Forms
[4] 44:3 52:5 52:19 52:22
Forward
[1] 6:20
Forwarding
[1] 7:5
Four
[7] 30:7 33:9 33:14 51:4 51:4 51:9 51:20
Fourth
[2] 22:9 22:11
Frame
[3] 33:22 39:3 52:12
Frames
[1] 23:5
Free
[1] 46:14
Fresh
[8] 19:8 39:20 39:22 45:20 46:12 46:13 56:3 56:13
Fresher
[1] 45:24
Front
[2] 6:1 42:23
Fulfill
[1] 24:24
Full
[2] 36:14 48:10
Function
[2] 29:18 34:10
Furey
[4] 2:14 4:16 5:15 20:14
Furey's
[1] 18:22
Furthermore
[1] 18:20

G

Gained
[1] 15:17
Gather
[5] 4:22 7:21 26:24 32:25 50:2
General
[2] 22:23 23:5
Generality
[1] 39:6
Generalized
[1] 29:16
Generally
[1] 10:15
GEOFFREY
[5] 1:12 3:2 4:1 62:25 63:5
Geraldo
[1] 55:10
Given
[10] 4:23 12:6 12:15 41:8 49:12 53:17 53:21 60:20 63:7 63:11
Gluck
[1] 20:18
Graft
[4] 29:15 34:14 44:4 45:3
Grams
[2] 29:11 29:11
Granulation
[1] 50:11
Greater
[3] 28:3 28:3 53:16
Groedel
[41] 2:16 5:13 6:10 6:18 7:14 8:19 8:23 9:2 9:9 9:16 9:24 10:10 11:18 13:5 13:15 17:18 17:22 17:24 18:24 19:24 21:5 21:22 22:2 22:6 28:17 33:2 36:4 36:22 36:24 38:8 43:2 48:25 49:2 49:13 49:19 56:1 57:16 57:18 58:8 60:5 61:18
Groin
[1] 40:3
Gross
[1] 47:8
Grossly
[1] 19:9
Ground
[2] 5:2 39:9
Group
[5] 21:11 25:24 26:3 26:5 26:7
Grow
[1] 51:19
Growing
[1] 51:8
Guess
[6] 11:15 14:16 22:3 26:3 39:7 47:6
Guys
[2] 17:9 59:9

H

Half
[1] 36:7
Hand
[1] 63:17
Handwriting
[2] 29:25 35:4
Hate
[1] 58:12
Healed
[1] 48:21
Health
[1] 30:19
Heart
[35] 14:25 29:9 29:10 29:22 29:24 31:8 31:10 31:10 31:11 31:12 31:13 31:16 31:18 31:19 31:20 32:4 32:8 32:9 32:14 32:15 32:16 32:17 32:22 32:24 33:19 34:4 34:10 35:20 36:13 37:16 47:17 47:20 48:2 55:14 56:8
Helps
[1] 13:7
Hemolyzes
[1] 53:1
Hemosiderin
[1] 16:14
Hereby
[1] 63:4
Herein
[2] 1:13 4:2
Hereinafter
[1] 4:5
Hereunto
[1] 63:17
High
[5] 29:12 32:11 32:12 32:14 32:15
Highlighted
[1] 34:3
Highly
[1] 5:8
Hirschman
[1] 59:8
History
[1] 37:13
Hold
[3] 4:20 24:8 37::
Homicide
[1] 27:7
Honest
[1] 7:23
Honestly
[2] 22:10 23:1
Honor
[1] 5:17
Hopefully
[1] 4:19
Hoping
[1] 42:20
Horrendous
[1] 30:1
Horse
[1] 58:12
Hospital
[15] 7:18 7:22 8:8 23:23 24:2 24:3

24:11 25:25 26:2 26:6 27:12 28:10 28:13 31:1 44:16
Hospital's [1] 24:5
Hospitals [7] 1:8 14:6 14:13 24:14 24:15 30:5 33:1
Hospitals' [1] 33:4
Host [3] 16:6 16:9 48:3
Hour [1] 6:14
Hourly [1] 6:12
Hours [5] 51:17 52:5 52:15 52:19 52:25
Kouse [1] 28:4
HTD [1] 36:20
Hum [5] 4:10 19:18 25:22 27:19 42:15
Human [2] 17:8 17:13
Humanly [1] 4:19
Hypercoagulable [1] 43:23
Hypertension [17] 29:2 30:10 30:11 30:12 30:14 30:18 30:24 31:9 31:14 35:22 36:11 44:18 44:23 44:24 45:2 45:8 45:10
lypertensive [1] 32:21
lypo**tensive** [1] 54:25
lypo**thetically** [1] 53:18

I

Idea [2] 28:9 54:4
Identification [1] 12:21
I1lness [1] 29:19
Imagine [1] 59:15
Immediately [2] 35:2 51:10
Impending [3] 35:8 35:9 35:24
Implies [3] 34:16 34:17 48:21
Important [2] 21:20 44:15
In-house [1] 28:4
Include [2] 27:5 51:25
Included [1] 15:19
Includes [2] 26:22 27:7
Including [1] 29:5
Incorporated [3] 16:22 50:10 50:13
Increase [1] 44:9
INDEX [1] 3:15
Indicate [6] 5:9 14:4 15:22 16:24 18:24 37:12
Indicated [8] 4:14 35:12 38:5 44:19 46:9 47:17 53:16 58:9
Indicates [7] 9:19 15:4 17:24 19:24 48:5 55:21 61:15
Indicating [5] 7:1 8:20 9:7 17:6 32:11
Indication [1] 50:15
Indicative [1] 14:24
Infarct [14] 32:22 35:20 47:14 47:15 47:22 47:24 48:9 48:12 48:22 48:24 57:8 57:14 57:18 57:24
Infarcted [1] 47:11
Infarction [4] 46:22 46:25 48:19 57:9
Infarctions [3] 29:14 57:1 57:1
Infarcts [3] 37:13 53:4 57:13
Inflammation [1] 43:18
Inflammatory [3] 15:4 16:15 16:18
Information [13] 5:10 12:6 14:3 15:25 19:23 37:9 38:15 38:16 45:12 47:8 48:15 60:4 60:8
Ingrowth [1] 51:2
Initial [1] 17:5
Inquire [1] 14:8
Insertion [1] 18:21
Instances [1] 27:6
Institutions [1] 24:23
Insurance [1] 21:3
Insured [2] 21:23 22:4
Integrity [1] 14:12
Intensivist [2] 37:3 37:5
Intention [1] 19:20
Interest [5] 23:11 23:14 23:15 23:17 23:20
Interested [1] 63:15
Internal [2] 34:13 34:14
Interpret [2] 6:2 34:21
Interpretation [3] 14:10 15:17 26:9
Interventions [1] 39:10
Intubation [1] 35:8
Invited [1] 55:10
Involved [4] 25:21 48:10 52:20 56:14
Involvement [1] 18:22
Involving [2] 32:23 41:1
Ischemic [1] 32:22
Issue [1] 7:18
Issued [4] 5:24 10:22 11:14 22:17
Issues [2] 12:4 13:6
Itself [1] 43:25

J

Jacobson [1] 23:7
January [10] 9:2 9:5 9:7 9:16 10:9 10:22 12:3 22:1 33:1 63:24
Joined [1] 26:6
Judgment [1] 54:9
July [1] 7:8
June [13] 7:14 7:21 7:24 21:2 25:6 27:24 27:24 33:24 39:15 53:18 53:23 54:17 54:17

K

Keep [?] 22:10 22:14 59:15 59:16 59:17 59:21 60:16
Kennedy [1] 59:5
Kink [1] 44:5
Knock [1] 56:16
Knowledge [2] 19:7 31:15
Known [1] 27:10
Kolis [21] 2:4 3:4 4:8 4:11 4:13 4:18 5:1 5:6 5:13 5:22 12:17 13:3 13:8 36:25 38:10 49:3 60:17 61:2 61:7 61:10 61:15

L

LAD
[1] 53:12
Laid
[1] 52:10
Laminar
[1] 44:5
Language
[1] 34:22
Large
[21] 6:1 15:3 15:7 15:22 16:1 21:11 29:6 29:10 29:20 32:16 32:16 37:21 37:23 38:21 40:24 42:2 46:15 54:5 54:7 57:12 60:19
Last
[6] 27:16 27:22 28:7 32:1 50:15 58:14
Late
[1] 23:6
Law
[3] 22:12 22:15 23:7
Lawful
[1] 4:2
Lawrence
[3] 1:6 4:14 28:22
Lawyers
[1] 59:1
Layer
[1] 43:25
Layman's
[1] 15:23
;east
[8] 10:21 12:8 16:3 16:11 17:15 18:4 18:15 48:22
;ed
[1] 16:10
;ee
[4] 20:16 33:6 33:3 34:20
;eft
[20] 31:11 31:13 31:19 32:17 32:23 34:12 34:14 40:7 41:1 41:5 41:10 41:22 42:10 42:24 43:8 45:21 47:15 48:11 48:12 57:22
;eft-sided
[5] 31:11 31:13 31:19 32:17 32:19
;eft/right
[1] 42:22
Length
[1] 16:1
Less
[2] 18:6 34:17
Letter
[19] 6:25 7:4 8:23 9:4 9:7 9:16 9:19 10:4 10:11 10:21 10:23 10:25 11:1 11:11 17:17 17:19 17:22 28:17 33:2
Level
[1] 53:17
Likely
[2] 41:13 41:14
Line
[5] 14:16 14:16 14:18 15:6 52:1
Lines
[10] 12:16 51:23 51:24 52:3 52:4 52:6 52:8 52:18 52:24 52:25
Lining
[1] 15:5
Listed
[1] 32:7
Litigation
[1] 11:17
Lived
[1] 41:18
Located
[1] 37:24
Location
[1] 39:2
Longstanding
[5] 29:3 29:21 30:16 31:3 32:6
Look
[14] 6:4 7:19 10:3 10:6 10:6 10:17 11:6 11:23 35:1 47:4 47:22 58:18 58:20 60:2
Looked
[9] 11:13 22:10 22:16 47:2 48:16 48:17 54:20 58:23 59:7
Looking
[8] 15:13 15:17 15:24 39:20 39:22 54:16 54:21 54:22
Looks
[1] 35:3
;ose
[1] 23:15
Lower
[2] 19:12 28:10
LPA
[1] 2:5
Lung
[19] 12:13 18:3 18:18 29:1 30:2 30:4 30:9 30:13 31:1 31:17 31:21 32:19 45:14 50:21 50:25 52:2 57:6 57:12 57:23
Lungs
[12] 14:19 14:24 15:1 15:2 15:5 30:22 36:12 46:2 50:19 51:11 57:1 58:2
Lyse
[1] 52:9

M

M.D.
[4] 3:2 4:1 62:25 63:5
Main
[2] 45:23 45:23
Major
[1] 35:22
Malpractice
[5] 11:16 11:22 20:24 21:3 21:12
Mammary
[2] 34:14 34:14
Man
[2] 35:19 58:6
Management
[1] 21:15
Marc
[3] 2:16 17:19 39:8
March
[2] 8:19 8:20
dark
[1] 12:19
Marked
[3] 3:8 12:21 29:9
Mask
[1] 36:23
Massive
[2] 55:23 56:3
Materials
[1] 18:2
Math
[1] 41:20
Matter
[5] 7:22 9:9 9:14 13:21 31:11
Maynard
[1] 23:8
Mean
[6] 14:21 17:4 42:16 48:7 49:18 50:
Meaning
[3] 39:20 45:15 58:14
Means
[7] 34:24 42:11 48:8 48:8 49:24 49:25 50:9
Meant
[2] 27:23 51:22
Medical
[14] 1:17 11:16 11:21 12:25 20:24 21:11 22:19 23:24 28:20 28:23 31:15 39:14 44:19 58:5
Medical/legal
[4] 6:13 23:7 58:16 58:19
Medically
[2] 18:11 40:10
Member
[1] 25:25
Members
[1] 22:12
demory
[2] 14:9 22:25
dendelsohn
[9] 1:12 3:2 4:1 4:8 13:5 18:2 58:9 62:25 63:5
Mendelsohn's
[1] 18:20
Mentioned
[1] 29:6
Mercifully
[2] 21:17 21:18
Merely
[1] 60:9
Mess
[1] 4:12
desSage
[1] 13:15
Microscope
[1] 51:20
Microscopic
[2] 47:8 47:12
Microscopically
[2] 19:11 51:6
diddle
[1] 61:13
light
[1] 4:21
Mi11imeter
[1] 54:14
Mind

[2] 47:23 59:6
Minimal
[1] 34:19
Minimum
[2] 7:24 17:6
Minutes
[1] 56:23
Misread
[1] 55:18
Miss
[19] 3:4 4:8 4:11 4:18 5:1 5:6 5:13 5:22 12:17 13:3 13:8 36:25 38:10 49:3 60:17 61:2 61:7 61:10 61:15
Mitigated
[1] 56:6
Mitigates
[1] 55:13
Mixed
[1] 51:25
Moderate
[1] 45:10
Moment
[1] 35:10
Momentarily
[1] 6:4
Money
[1] 6:15
Months
[3] 29:4 45:19 48:23
Morning
[8] 33:24 33:25 35:4 35:7 39:15 53:18 53:23 54:17
Most
[5] 29:19 31:16 31:18 50:22 58:18
Mount
[4] 1:16 1:17 24:25 25:3
Move
[1] 20:22
Multifactorial
[4] 28:25 32:7 35:14 35:15
Mutual
[6] 21:7 21:8 21:14 21:19 21:24 22:5
Myocardial
[1] 29:13

N

Name
[6] 4:9 4:12 6:23 32:1 52:15 59:10
Named
[1] 63:5
Names
[3] 22:15 23:3 23:3
Nature
[2] 55:22 59:17
Necessitated
[1] 29:14
Necessity
[1] 8:24
Need
[3] 28:17 36:1 47:18
Needs
[1] 37:1
Negligence
[1] 22:19
Never
[1] 55:8
New
[8] 33:3 39:22 43:24 43:24 45:19 52:9 52:22 52:24
Next
[3] 15:6 16:5 34:18
Nice
[1] 31:24
Night
[1] 33:25
Nits
[1] 17:3
Notary
[3] 1:16 63:3 63:23
NOTATION
[1] 62:2
Note
[6] 8:19 34:2 34:6 34:7 34:25 35:2
Noted
[1] 53:10
Nothing
[3] 28:6 52:21 53:16
November
[1] 61:4
Number
[8] 12:10 18:4 18:15 27:20 27:22 28:1 45:17 60:19

O

02
[1] 36:20
Object
[1] 56:1
Objection
[4] 21:5 36:4 38:8 58:8
Obstruction
[1] 44:7
Obtained
[1] 28:12
Obviously
[4] 29:16 54:19 57:21 59:18
Occasionally
[1] 49:6
Occasions
[1] 22:8
Occluded
[4] 41:17 43:22 57:11 58:2
Occlusion
[6] 41:19 41:21 42:17 42:25 44:10 46:11
Occurred
[8] 39:11 43:12 43:14 44:13 47:1 48:19 56:19 57:20
Occurs
[1] 57:9
October
[2] 61:13 63:19
Offer
[2] 19:20 28:18
Offered
[1] 59:25
Offering
[2] 13:6 45:1
Office
[1] 63:18
Often
[1] 56:3
Ohio
[11] 1:1 1:14 1:16 1:18 2:7 2:19 4:4 63:1 63:4 63:18 63:23
Old
[15] 16:8 16:11 17:6 40:2 40:11 40:14 43:12 43:25 45:18 45:18 46:17 47:21 48:9 48:21 56:10
Older
[1] 18:17
Once
[3] 51:15 52:11 56:14
One
[27] 1:17 8:4 11:5 15:14 15:20 17:7 17:10 21:7 23:14 28:25 34:3 35:18 37:3 41:10 43:16 43:16 43:18 44:7 46:13 49:2 49:3 50:16 52:4 52:24 53:11 53:14 55:12
Ones
[1] 46:3
Ongoing
[7] 31:8 42:3 43:16 46:9 52:13 52:16 58:2
Opinion
[44] 8:2 11:7 12:24 15:24 17:14 18:2 18:7 18:8 18:20 19:11 28:18 28:21 29:19 32:3 33:10 35:9 35:14 37:7 38:7 38:12 39:10 39:13 39:16 39:17 39:18 41:9 44:12 45:1 46:1 46:25 47:3 47:3 47:19 47:25 48:12 52:11 54:1 55:12 55:15 55:19 57:13 58:20 58:21 60:9
Opinions
[7] 4:20 13:6 13:21 13:24 19:25 33:3 58:10
Opportunity
[6] 7:9 7:19 8:16 13:23 32:25 55:8
Orally
[1] 18:24
Order
[1] 38:17
ORDERED
[1] 3:17
Ordering
[1] 60:23
Ordinarily
[2] 11:12 12:7
Organization
[12] 16:16 42:4 43:15 43:17 44:12 50:11 50:23 50:24 51:1 51:10 51:12 51:15
Organized
[1] 56:13
Organizing
[18] 15:7 15:22 16:1 29:20 35:22 37:22 37:24 38:22

40:21 40:24 42:3 46:15 50:20 53:2 54:6 56:15 57:5 57:25
Original [3] 5:25 13:16 19:23
Origins [1] 46:6
Otherwise [1] 63:15
Outcome [1] 63:16
Outside [1] 43:17
Overall [2] 15:16 37:11
Overlying [1] 46:10
Overseeing [1] 25:16
Own [5] 7:24 24:16 28:4 47:5 47:23
Oxygen [1] 36:24
Oxygenated [4] 36:12 37:2 37:4 37:20
Oxygenation [1] 38:23

P

P.m. [1] 1:19
Pack [1] 30:8
PAGE [1] 3:3
PAGE/LINE [1] 62:2
Paid [1] 6:21
Paragraph [1] 14:19
Parameters [1] 60:5
Paraphrasing [2] 17:25 41:3
Part [8] 4:12 21:11 23:3 30:15 30:16 48:3 48:10 55:18
Partial [1] 44:7
Partially [1] 43:22
Participate [1] 60:10
Participating [1] 6:12
Particular [4] 13:1 15:16 34:5 55:9
Parts [2] 8:18 34:9
Party [1] 63:15
Past [2] 4:24 23:16
Pathologic [3] 37:17 38:1 38:18
Pathological [1] 14:10
Pathologically [1] 38:3
Pathologist [8] 5:8 11:5 12:11 19:6 24:18 31:24 35:11 42:9
Pathologists [1] 38:1
Pathology [26] 7:17 9:8 22:19 23:11 23:17 23:25 24:7 24:19 25:2 25:8 25:24 26:3 26:5 26:17 26:20 26:21 26:21 26:22 26:22 26:25 27:3 27:4 45:13 54:19 58:24 60:21
Patient [14] 6:1 11:19 23:3 32:21 37:12 38:25 43:23 44:8 48:2 53:22 54:3 56:6 56:7 57:2
Patient's [1] 19:3
Pattern [2] 34:15 44:11
Paul [3] 21:13 21:14 21:19
PE [1] 60:22
Peaks [1] 34:16
Pending [1] 11:16
Percent [12] 25:23 25:23 41:6 41:6 41:11 41:11 41:17 41:21 42:2 42:22 53:11 53:14
Percentage [5] 25:13 25:20 42:25 45:14 45:15
Percentages [1] 41:8
Perfect [1] 44:2
Perfectly [1] 56:18
Perform [8] 24:11 24:13 27:11 27:12 27:14 27:15 27:16 28:11
Performance [1] 26:8
Performed [1] 25:11
Perfuse [2j 57:5 57:23
Perfusion [1] 38:23
Perhaps [1] 30:1
Period [11] 21:8 21:23 22:5 25:8 25:14 41:19 46:19 52:6 52:25 57:24 58:3
Peripheral [1] 43:21
Permit [1] 28:12
Person [2] 36:20 41:10
Personal [1] 7:25
Personally [3] 27:16 47:9 55:7
Pertains [1] 27:8
PGY [1] 27:23
Phase [1] 51:6
Phone [2] 10:16 11:13
Photographs [1] 49:13
Photomicrographs [1] 49:7
Physical [1] 36:21
Physician [1] 23:3
Physiologic [1] 52:19
Pick [2] 17:3 58:22
Picking [1] 36:1
Picture [2] 37:11 55:21
PIE [3] 21:7 21:19 59:9
Piece [2] 11:16 56:16
Pigment [1] 16:14
Place [3] 38:18 43:16 63:13
Plaintiff [4] 1:6 1:13 2:2 4:2
Plaintiff's [4] 3:8 7:16 12:19 12:21
PLEAS [1] 1:4
Pleuritis [2] 14:21 15:4
Plural [1] 46:2
PM [1] 34:4
Point [9] 6:14 16:7 21:12 21:21 25:21 33:11 33:16 42:0 43:13
Poor [1] 36:10
Poorly [2] 36:12 37:20
Portion [1] 42:6
Position [3] 23:22 24:8 24:10
Possibility [2] 42:12 43:11
Possible [7] 4:20 40:10 41:10 41:14 41:15 56:3 56:12
Posterior [4] 46:22 47:10 47:15 48:10
Potential [2] 9:4 11:22
Potentially [1] 9:14
Practice

[4] 21:10 21:11 21:15 21:16
Preach
[1] 26:11
Preceded
[1] 11:13
Preceding
[3] 28:1 33:9 33:14
Precipitated
[1] 54:8
Precise
[2] 17:13 52:15
Precisely
[1] 35:5
Predominantly
[2] 59:1 59:3
Preliminary
[6] 3:10 8:2 9:1 9:20 10:23 14:4
Prepared
[2] 17:12 31:5
Presence
[1] 63:8
Present
[6] 6:11 11:7 18:4 21:2 50:12 50:16
Pressure
[7] 29:12 32:11 32:12 32:14 32:15 33:20 54:24
Presumably
[2] 19:12 41:18
Preterminally
[2] 33:18 33:21
Pretty
[1] 23:15
Prevail
[1] 21:20
Prevented
[1] 18:23
Previously
[2] 12:7 43:14
Primary
[3] 23:17 26:3 35:16
Prints
[1] 49:14
Probability
[4] 28:21 30:25 39:14 58:5
Probable
[1] 5:8
Procedure
[2] 1:15 4:4
Process
[5] 35:14 42:3 43:15 46:10 46:19
Processes
[1] 38:18
Produced
[3] 29:13 44:5 54:23
Program
[9] 24:16 24:22 25:2 25:5 25:6 25:9 25:10 28:5 28:6
Progress
[1] 35:2
Progressive
[1] 44:10
Progressively
[2] 44:9 58:1
Promptly
[1] 6:21
Pronouncing
[1] 4:9
Prosection
[1] 25:18
Prosector
[1] 31:23
Provide
[4] 21:11 51:18 60:4 60:11
Provided
[1] 23:6
Public
[2] 1:16 63:3
Public/State
[1] 63:23
Pull
[1] 31:22
Pulmonale
[3] 32:2 32:3 32:4
Pulmonary
[67] 12:13 15:7 15:20 16:2 16:8 16:17 16:18 16:20 16:21 16:23 16:24 22:20 29:2 29:3 29:6 29:21 29:22 30:9 30:10 30:12 30:14 30:18 30:24 31:9 31:14 35:21 35:23 36:10 37:21 38:6 38:19 38:21 39:5 40:12 40:15 40:22 40:25 41:1 41:22 42:11 42:24 43:20 44:8 44:18 44:22 44:24 45:2 45:5 45:7 45:10 45:18 45:19 45:23 46:2 53:4 53:17 53:22 54:5 55:23 56:3 56:11 56:21 57:1 57:10 57:22 58:1 59:25
Pulmonary-wise
[1] 54:5
Pulmonologist
[1] 54:10
Pulmonology
[2] 53:7 53:8
Pump
[1] 36:14
Purpose
[4] 1:14 4:3 4:18 11:2
Pursuant
[3] 1:14 1:19 4:3
Pursue
[1] 59:21
Put
[2] 36:23 37:25

Q

Qualify
[1] 30:4
Quality
[2] 14:8 14:12
Quantify
[3] 30:3 45:17 54:7
Quantitatively
[1] 34:17
Questioning
[1] 5:16
Questions
[5] 5:4 19:15 39:9 44:14 47:6
Quite
[2] 7:23 42:16
Quote
[1] 5:14

R

Range
[2] 18:10 27:4
Rare
[1] 52:20
Rate
[2] 28:7 28:13
Rather
[2] 6:1 54:24
Reabsorbed
[1] 50:6
Reach
[2] 15:12 47:9
Reached
[1] 19:25
Reaching
[1] 38:16
Reaction
[1] 15:4
Read
[28] 7:9 7:12 8:16 13:3 13:9 13:11 14:18 15:9 18:15 19:2 20:6 20:8 26:16 30:1 32:25 34:7 34:9 34:18 35:4 47:2 48:14 50:14 55:3 55:17 60:25 61:5 61:16 62:21
Reading
[4] 26:24 34:2 47:12 61:3
Reads
[1] 7:15
Really
[8] 4:12 28:25 43:16 43:17 44:15 48:15 51:14 54:6
Reason
[1] 55:9
Reasonable
[3] 28:20 39:13 58:5
Recannulization
[1] 16:12
Receive
[2] 11:4 42:21
Received
[16] 7:11 8:2 8:5 8:8 8:11 11:1 11:3 11:10 11:17 12:10 12:13 13:15 17:17 17:19 19:24 33:6
Recent
[10] 7:15 29:5 29:13 29:14 29:19 29:20 35:20 35:20 37:13 47:14
Recently
[4] 13:14 24:21 32125 33:1
Recognizable
[1] 56:20
Recognize
[1] 12:12
Recognized
[2] 12:11 58:6
Recollection
[7] 10:1 12:1 15:20 34:1 41:5 41:7 45:6
Reconstruct
[1] 60:18
Reconstructing
[1] 59:24
Record

[12] 5:17 7:22 7:25 13:9 14:18 15:9 28:23 33:1 33:4 33:6 44:19 54:22
Records
[10] 7:17 8:8 13:18 18:1 20:1 45:6 54:20 59:16 60:2 60:16
Red
[2] 52:1 52:8
Reduce
[1] 18:16
Reduced
[1] 63:7
Reduces
[1] 50:11
Reference
[1] 46:22
Referred
[1] 27:10
Regard
[1] 50:9
Regarding
[2] 5:25 33:2
Region
[4] 28:14 29:11 40:11 51:9
Relate
[1] 14:22
Related
[1] 30:20
Relates
[1] 15:16
Relationship
[1] 10:10
Relative
[2] 9:9 63:14
Relatively
[1] 28:2
Rely
[1] 21:18
Relying
[1] 20:12
Remember
[3] 5:3 23:1 31:23
Remembering
[1] 23:2
Remind
[1] 5:1
Reminger
[2] 2:17 2:17
Remote
[9] 29:13 37:12 45:18 46:17 47:15 48:14 48:18 48:21 48:24
Remove
[1] 6:7
Removed
[2] 6:8 6:9
Renal
[3] 29:17 29:18 43:21
Render
[2] 39:8 47:18
Rendered
[2] 23:16 38:7
Rendering
[3] 39:9 47:3 58:10
Reorganization
[1] 24:5
Repeat
[1] 55:16
Repeated
[1] 43:10
Rephrase
[1] 17:16
Report
[29] 3:10 6:8 7:16 8:3 8:4 9:1 11:14 11:23 12:3 12:7 12:15 12:18 12:23 13:17 14:4 17:3 17:5 19:23 20:9 22:17 28:16 29:7 46:21 47:13 49:16 50:15 53:15 60:6 60:10
Reporter
[2] 12:19 63:22
Reports
[1] 59:17
Represent
[3] 4:13 12:12 59:1
Representing
[1] 5:15
Request
[1] 5:18
Requested
[1] 5:24
Required
[1] 61:17
Requirement
[1] 61:3
Research
[1] 4:23
Residency
[6] 24:16 4:22 25:2 25:9 28:5 28:6
Residents
[7] 24:16 24:17 24:22 25:10 25:17 26:8 27:18
Resolved
[6] 49:17 49:19 49:21 49:22 49:24 49:25
Resorbed
[7] 49:20 50:3 50:4 50:5 50:6 50:9 50:18
Respect
[1] 58:10
Respects
[1] 50:7
Respiratory
[3] 35:8 35:10 35:24
Respond
[1] 55:13
Rest
[1] 50:17
Result
[1] 32:15
Resuscitated
[2] 55:1 56:6
Retained
[2] 4:13 4:15
Retrace
[1] 29:25
Return
[1] 58:22
Review
[13] 9:8 10:14 13:20 17:25 24:18 24:19 24:19 25:20 28:24 47:4 54:16 58:4 60:9
Reviewed
[1] 13:17
Reviewing
[1] 23:10
Ridiculous
[1] 56:8
Right-sided
[8] 31:10 31:12 31:16 31:18 31:20 32:4 32:18 32:18
Rivera
[1] 55:10
Rocket
[1] 11:5
Role
[1] 24:24
Room
[2] 6:6 36:22
Rotational
[1] 26:10
Rules
[3] 1:14 4:4 5:2

S

Saddle
[6] 38:22 40:25 45:22 46:5 46:10 46:15
Saint
[4] 2:18 21:12 21:14 21:19
Scanlon
[1] 59:5
Scar
[1] 50:17
Scientist
[1] 11:6
Seal
[1] 63:18
Second
[3] 14:1 19:8 19:12
Secondary
[2] 31:19 35:8
Section
[1] 53:14
Sections
[2] 15:6 15:12
Seeing
[4] 34:5 47:20 52:18 60:18
Seeking
[1] 5:11
Sees
[1] 46:13
Segment
[2] 57:11 57:12
Segmental
[1] 57:10
Semantically
[1] 18:15
Sending
[2] 10:2 11:19
Sent
[11] 6:10 9:24 10:4 10:11 10:13 12:8 12:9 33:2 53:5 53:13 58:17
Sentence
[1] 15:13
Sentences
[1] 16:6
Separate
[2] 40:21 56:20
September
[3] 1:18 6:25 61:
Sequence
[1] 10:24
Served
[1] 26:13
Set

[2] 61:4 63:17
Setting
[1] 27:12
Settled
[1] 59:20
Seven
[2] 61:3 61:16
Several
[1] 48:22
Severe
[6] 29:1 29:8 29:9 30:2 30:24 45:10
SHEET
[1] 62:1
Show
[2] 19:5 34:2
Showered
[1] 46:16
Shown
[2] 40:5 46:7
Shows
[1] 42:3
Side
[2] 21:15 40:7
Sided
[8] 31:10 31:11 31:12 31:13 31:16 31:18 31:19 32:17
Sign
[1] 61:5
Signature
[2] 17:20 61:20
Significant
[7] 29:6 30:10 32:22 35:22 41:18 45:11 53:10
Significantly
[1] 28:15
Signs
[2] 51:10 51:12
Simply
[3] 5:17 10:10 23:3
Sinai
[4] 1:17 1:17 24:25 25:3
Single
[1] 52:17
Sit
[1] 12:2
Site
[1] 39:2
Sits
[1] 52:7
Sitting
[1] 6:1
Six
[8] 12:10 12:15 14:5 15:15 15:17 27:21 27:25 52:15
Size
[4] 14:12 32:16 32:17 39:2
Sizeable
[1] 57:3
Slid
[1] 28:7
Slide
[6] 14:10 15:14 47:23 48:16 48:17 58:20
Slides
[46] 9:8 9:20 9:20 9:25 10:2 10:6 10:7 10:11 10:13 10:14 10:17 10:18 11:1 11:3 11:4 11:7 11:8 11:10 11:14 11:17 11:19 11:23 12:8 12:10 12:13 14:5 14:8 15:15 15:18 15:19 15:24 18:1 19:5 28:24 45:13 47:2 47:4 47:5 47:18 47:20 49:7 49:14 53:5 53:13 58:22 58:24
Slightly
[1] 14:19
Slow
[1] 44:10
Slowly
[1] 33:19
Sludging
[1] 43:24
Small
[6] 45:19 46:12 46:13 51:3 51:19 57:12
Smaller
[2] 45:24 46:13
Smoker
[1] 30:8
Smoking
[2] 30:9 30:20
So-called
[1] 27:13
Soft
[1] 16:19
Sold
[1] 21:10
Someone
[7] 11:6 17:11 21:9 26:7 31:24 36:10 48:5
Sometime
[2] 31:1 51:3
Somewhat
[2] 28:3 28:7
Somewhere
[9] 9:18 16:25 18:9 18:10 27:25 28:14 46:6 51:9 52:4
Soon
[1] 52:2
Sorry
[3] 13:2 33:21 55:16
Sort
[9] 43:25 45:22 46:14 50:13 50:15 51:1 51:5 51:17 51:25
Sound
[1] 35:25
Source
[1] 46:8
Spaces
[2] 15:1 15:3
Specific
[5] 23:2 33:12 42:13 54:7 54:23
Specifically
[9] 10:8 15:21 22:22 33:12 34:5 34:24 39:6 40:6 54:21
Specifics
[1] 33:18
Specified
[1] 63:13
Speculate
[1] 22:3
Speed
[1] 11:11
Spent
[1] 26:7
Spoken
[1] 55:11
Squirrel
[1] 49:6
SS
[1] 1:1
Stable
[1] 33:10
Stack
[1] 6:2
Staff
[1] 24:1
Standard
[4] 2:6 12:25 13:6 58:10
Standpoint
[2] 37:18 38:25
Start
[2] 41:15 52:18
Started
[1] 57:4
Starts
[4] 51:3 51:15 53:2 56:15
State
[7] 1:1 1:16 5:17 12:23 15:6 63:1 63:4
Statement
[8] 4:16 13:21 20:25 21:1 23:8 23:12 53:9 55:25
Stating
[2] 8:21 44:21
Status
[1] 36:21
Stay
[1] 7:18
Stenotypy
[1] 63:8
Steve
[1] 59:7
Still
[4] 18:17 28:4 41:11 59:1
Studies
[4] 42:10 42:13 42:14 46:7
Study
[5] 34:12 37:23 40:1 40:4 40:5
Submission
[1] 9:20
Submit
[2] 6:20 13:23
Submitted
[1] 14:5
Subpleural
[2] 14:20 15:2
Subpoena
[3] 1:19 5:24 5:2
Subsequent
[2] 13:16 43:13
Subsequently
[1] 63:8
Subspecialty
[2] 26:19 27:3
Sudden
[2] 44:24 55:1
Sufficient
[1] 14:9
Suggests
[1] 36:13
Suicide
[1] 27:7

Superimposed [1] 29:21
Supervise [1] 24:14
Supervising [4] 25:15 25:15 25:16 26:8
Supervisor [1] 27:18
Supplied [1] 7:25
Support [1] 21:22
Supports [1] 38:23
Suppose [2] 44:15 50:6
Surface [1] 46:15
Surgeon [3] 11:19 33:7 38:4
Surgery [1] 35:21
Surgical [1] 26:22
Surprised [2] 35:16 58:13
Surrounding [1] 27:9
Survive [1] 42:12
Suspect [1] 5:3
Sworn [2] 4:4 63:6
Systemic [1] 44:9
Systole [1] 34:16

T

Taylor [1] 2:4
Taylor-Kollis [2] 2:4 2:5
Teasing [1] 49:4
Telephone [1] 9:23
Term [9] 21:10 23:15 48:21 49:24 50:1 50:2 50:4 50:4 51:9
Terminal [2] 53:20 54:3
Terms [8] 14:21 15:23 18:17 38:23 42:12 42:16 45:13 50:8
Testified [5] 4:5 22:6 22:12 56:19 59:4
Testify [2] 19:16 63:6
Testimony [23] 4:21 8:24 9:5 12:24 18:5 18:12 18:25 19:20 20:3 20:14 23:16 25:9 36:18 41:21 44:17 47:7 47:14 55:3 55:18 55:19 59:25 63:7 63:11
Therefore [1] 31:13
Thereof [1] 11:22
Thickness [1] 48:10
Third [1] 14:18
Three [2] 51:4 51:7
Threw [1] 39:14
Thrombi [1] 44:9
Thromboembolism [8] 29:4 29:22 30:17 31:4 32:6 36:11 39:1 45:5
Thromboembolus [11] 15:8 15:23 16:2 19:4 29:6 29:21 35:23 37:22 40:24 42:3 54:6
Chrombosis [2] 46:7 46:10
Thrombus [7] 16:12 16:13 16:15 16:16 40:5 46:14 51:25
Throughout [1] 58:3
Tie [1] 38:2
Tiny [1] 44:4
Tissue [2] 16:19 50:11
Tissues [1] 50:17
Toby [1] 59:7
Today [9] 4:18 6:16 7:10 12:2 19:15 19:21 22:18 41:21 61:3
Today's [3] 5:23 7:1 60:24
Together [7] 16:24 35:23 36:9 36:15 37:25 38:2 47:13
Tony [1] 59:11
Toss [1] 59:19
Town [1] 10:17
Toxicology [1] 27:8
Track [3] 22:14 43:16 60:19
Training [3] 35:11 53:7 53:8
Transcribed [1] 63:9
Transcript [3] 60:24 62:21 63:10
Transmural [2] 48:6 48:8
Trauma [1] 56:14
Treatment [1] 39:4
Trial [13] 4:21 8:24 9:5 19:16 19:21 35:16 36:1 49:11 52:14 58:10 60:15 60:15 61:4
Triphasic [1] 34:15
True [3] 28:9 62:22 63:10
Truth [1] 63:6
Try [4] 5:10 42:8 55:17 61:17
TUESDAY [1] 1:18
Turbulence [1] 44:6
Two [23] 15:21 16:8 16:11 16:25 17:6 17:10 17:10 17:15 17:16 17:23 18:6 18:8 18:10 43:12 43:14 45:15 47:6 51:7 57:4 57:14 57:20 57:24 58:14
Type [4] 30:4 38:22 40:25 46:5

U

Uh-huh [1] 4:10
Ultimate [3] 32:13 33:15 47:25
Ultimately [1] 52:7
Ultrasound [1] 34:4
Um-hum [4] 19:18 25:22 27:19 42:15
Unable [1] 54:13
Unattached [1] 56:13
Under [4] 25:10 51:20 60:8 63:9
Underlying [1] 30:13
Understood [1] 43:5
Unfortunately [2] 52:20 52:23
University [7] 1:8 14:6 14:13 24:15 30:5 33:1 33:4
Unquote [1] 5:14
Unresponsiveness [1] 55:22
Unstable [1] 33:16
UP [13] 4:12 29:5 38:1 44:4 44:7 47:23 49:10 49:12 50:16 56:10 58:1 58:23 61:10

V

Van [8] 8:12 8:14 20:3 46:21 47:3 47:13 53:15 53:15
Variant [1] 50:6

Vascular
[1] 44:10
Veins
[3] 40:6 46:6 56:10
Vena
[1] 18:21
Ventricle
[6] 46:23 47:10 47:16 47:22 48:11 48:12
Ventricles
[1] 32:23
Verbal
[1] 58:20
Verbally
[1] 5:4
Vessel
[12] 42:5 43:18 43:19 43:20 44:5 46:7 50:11 50:14 50:17 51:16 51:17 56:16
Vessels
[4] 41:17 46:13 50:22 51:19
Via
[1] 11:11
View
[2] 33:11 33:17
Vs
[1] 1:7

W

Waive
[1] 61:2
Waived
[2] 61:16 61:20
Wall
[16] 15:8 16:17 16:18 16:23 42:5 43:18 43:19 47:15 48:9 48:10 50:10 50:13 51:2 51:16 51:18 56:16
Walter
[1] 22:16
Walters
[1] 22:16
Wants
[1] 11:6
Wave
[1] 34:15
Webs
[2] 45:18 50:14
Wecht
[3] 7:17 48:25 55:6
Wecht's
[10] 7:5 7:8 7:9 8:2 13:17 17:25 19:2 20:1 55:3 55:18
Week
[2] 17:10 45:15
Weeks
[21] 16:8 16:11 16:25 17:6 17:10 17:10 17:15 17:16 18:6 18:8 18:11 18:14 43:12 43:14 45:16 48:22 48:23 57:4 57:14 57:20 57:24
Whatsoever
[1] 6:7
Whole
[3] 16:6 16:9 48:3
Wide
[2] 23:21 27:4
Wilson
[1] 31:25
Wise
[2] 54:4 54:5
Wish
[4] 5:16 17:8 17:9 17:12
Witness
[20] 1:13 3:2 4:2 4:10 4:15 4:17 4:25 5:5 5:12 5:19 9:14 49:5 57:17 61:1 61:6 61:8 61:12 63:5 63:8 63:17
Word
[10] 15:12 25:15 25:15 27:6 30:3 34:18 41:15 48:17 49:17 49:22
Write
[2] 12:7 60:10
Writing
[3] 13:24 20:9 49:16
Written
[3] 21:22 23:19 60:6
Wrote
[3] 12:3 13:16 30:1

Y

Year
[9] 25:8 25:14 27:17 27:22 27:23 27:24 28:14 58:18 58:25
Years
[9] 28:1 28:8 28:13 29:5 30:8 45:19 46:20 48:23 58:15
Yesterday
[2] 13:14 17:17
Young
[1] 31:24
Yourself
[1] 7:15

Z

Zahn's
[9] 51:23 51:24 52:1 52:3 52:4 52:8 52:18 52:24 53:1
Zones
[1] 51:24

GEOFFREY MENDELSOHN, M.D.

January 14, 1999

Marc W. Groedel, Esq.
Reminger & Reminger
The 113 St. Clair Building
Cleveland, Ohio 44114

RE: Lawrence E. Brown
Your File No. 3761-02-36205-98

Dear Mr. Groedel:

At your request, I have examined six slides, #A97-152 from University Hospitals of Cleveland, which you sent me.

The slides include several sections of lung and pulmonary artery, as well as a section of artery, consistent with coronary artery.

The lungs are congested and slightly emphysematous with subpleural emphysematous bullae and fibrinous pleuritis. The sections of pulmonary artery contain a large, organizing thromb embolus that is attached to the wall of the artery. There is early recanalization of the thrombus with fibrosis, focal hemosiderin pigment deposition, and scattered chronic inflammatory cells. In addition, there is a chronic inflammatory infiltrate within the wall of the artery, extending out into periarterial soft tissues. These findings are consistent with a thrombus/embolus at least two weeks old. The section of coronary artery shows occlusive, calcific atherosclerosis.

Please let me know if you have any further questions with regard to this case.

Sincerely,

Geoffrey Mendelsohn M.D.

Geoffrey Mendelsohn, M.D.
Director, Department of Pathology and Laboratory Medicine

PLAINTIFF'S EXHIBIT
A 9-28-99

PHS MT. SINAI MEDICAL CENTER
ONE MT. SINAI DRIVE, CLEVELAND, OHIO 44106
PHONE (216)421-4404 FAX (216)421-3964

CURRICULUM VITAE

Name	GEOFFREY MENDELSOHN, M.D.
Social Security No,	214-82-6972
Addresses	
Office:	Department of Pathology and Laboratory Medicine Mt. Sinai Medical Center One Mt. Sinai Drive Cleveland, Ohio 44106-4198 Telephone (216) 421–4400
Home:	33830 Redbridge Lane Solon, Ohio 44139 Telephone (216) 498-1873

Personal and Family

Date of Birth:	October 30, 1948
Place of Birth:	Johannesburg, South Africa (U.S. Citizen)
Marital status:	Married
Wife's Name:	Linda J.
Children:	Kevin R. Year: 1973 Clifford S. 1976

Educational Experience

1966-68	B.S., University of Witwatersrand, Johannesburg, South Africa
1968-72	M.B., B.Ch., University of Witwatersrand, School of Medicine Johannesburg, South Africa
1973-73	Medical Internship, Johannesburg General Hospital, Johannesburg, South Africa
1974-75	Resident, Laboratory Hematology, South African Institute of Medical Research and University of Witwatersrand School of Medicine Johannesburg, South Africa
1975-77	Resident. Pathology The Johns Hopkins Hospital Baltimore Maryland

Educational Experience (cont.)

1977-78	Fellow, Oncology/Pathology The Johns Hopkins Hospital Baltimore, **Maryland**
1978-79	Chief Resident, Pathology and Surgical Pathoiogy The Johns Hopkins Hospital Baltimore, **Maryland**

Professional Appointments

Current (1983 - present):

University:	Associate Professor of Pathology Case Western Reserve University School of Medicine Cleveland, Ohio
Hospital:	Director Department of Pathology and Laboratory Medicine Medical Director, Mt. Sinai Reference Laboratory PHS Mt. Sinai Health Care System Cleveland, Ohio

Past:

1983-1987	Director, Surgical Pathology University Hospitals of Cleveland Cleveland, Ohio
1979-1983	Assistant Professor of Pathology, The Johns Hopkins University School of Medicine and Hospital Baltimore, Maryland

Honors & Awards

1971	Jack Baynash Prize, Medicine
1972	Medical Graduates Association Award for Medicine
1972	Hoechst Award, Top Graduate in Medicine
1979-82	Junior Faculty Clinical Fellow, American Cancer Society

Certificates

1976	Flex Examination
1979	American Board of Pathology (Anatomic Pathology)
1983	Licensed to Practice Medicine, State of Ohio (48943)

Active Membership in Professional Societies

1978	The U.S.-Canadian Academy of Pathology
1979	Maryland Society of Pathologists
1981	The Endocrine Society
1982	The Arthur Purdy Stout Society of Surgical Pathologists
1983	Cleveland Society of Pathologists - President, 1993-94
1985	The American Society of Clinical Pathologists
1989	The College of American Pathologists
1990	The Ohio Society of Pathologists

Editorial Boards, Professional Journals

Cancer
The American Journal of Surgical Pathology
The American Journal of Clinical Pathology
Endocrine Pathology
Modern Pathology

Committee Memberships

1985-87	Committee on Promotions and Tenure, Department of Pathology, Case Western Reserve University
1988-	Medical Executive Committee, Mt. Sinai Medical Center
1988-	Medical Education Committee, Mt. Sinai Medical Center (Chairman)
1988-89	Cancer Task Force, Mt. Sinai Medical Center
1989-1993	Information Steering Committee, Mt. Sinai Medical Center
1990-	Council on Graduate Medical Education, Case Western Reserve University
1990-93	Faculty Councii, Case Western Reserve University
1991-	Library Committee, Mt. Sinai Medical Center
1991-93	Executive Council of the Medicai Executive Committee. Mt. Sinai Medical Center

1993-94 Strategic Task Force, Mt. Sinai Medical Center

1994 Chairman, Search Committee for Director of Family Medicine, Mt. Sinai Medical Center

I994 Search Committee for Director of Obstetrics & Gynecology, Mt. Sinai Medical Center

1994- Contracting Committee, Physician-Hospital Organization (PHO), The Mt. Sinai Medical Center

1995- Clinical Quality Improvement Committee, Mt. Sinai Medical Center

1996- Physician Management Committee, Mt. Sinai Medical Center

National Cornrnittee Memberships

1989-95 Council on Graduate Medical Education - Resident Education, The American Society of Clinical Pathologists

1991- Chairman, Anatomic Pathology Committee, Residents' In-Service Examination, American Society of Clinical Pathologists

1995- Anatomic Pathology Council, Commission on Graduate Medical Education, American Society of Clinical Pathologists

1995- National Meetings Activities Committee, American Society of Clinical Pathologists

1995-1997 Editor, Anatomic Pathology Check Sample Program (Treatment and Diagnosis), American Society of Clinical Pathologists

Membership on Local Society Committees

1990-1995 Executive Cornminee, The Cleveland Society of Pathologists (Society President, 1994-1995)

Director of National Continuing Medical Education Courses and Programs

1. Diagnostic Problems in Fine Needle Aspiration Cytology and Surgical Pathology of the Thyroid. American Society of Clinical Pathologists, Workshops at annual Spring and Fall Meetings, 1985 - Present.

2. Surgical Pathology and Fine Needle Aspiration Cytology of Thyroid. U.S.- Canadian Academy of Pathology. Course at Annual Meetings, 1986-90.

3. Pathology of the Thyroid Gland. College of American Pathologists, Performance Improvement Program, 1985-86.

4. Pathology of Salivary Glands. College of American Pathologists, Performance Improvement Program, 1986.

5. Medullary Thyroid Carcinoma. Practical Reviews in Pathology, Education Reviews, Inc., 1985.

6. Workshop on Diagnostic Immunohistochemistry. American Society of Clinical Pathologists, 1986-1992.

7. Diagnostic Problems in Endocrine Pathology. Tutorial at the annual Spring and Fall Meetings, American Society of Clinical Pathologists, 1986.

8. Diagnostic Problems in Breast Pathology. Tutorial at the annual Spring and Fall Meetings, Amencan Society of Clinical Pathologists, 1988 - Present.

9. Diagnostic Immunohistochemistry. Workshop at the annual meetings of the National Society of Histotechnofogy, 1989 - Present.

10. Special Diagnostic Techniques in Surgical Pathology. Workshop at the Annual Meeting of the National Society of Histotechnology, 1991 - Present.

Invited Lectures/Presentations

1. Calcitonin and Histaminase in Medullary Thyroid Carcinoma. Duke University Medical Center, April 1979.

2. Immunoperoxidase Methods in Pathology. College of Physicians and Surgeons, Columbia University, April 1980.

3. The Spectrum of Tumors Associated with the Watery Diarrhea Syndrome. The Philadelphia Pathology Society, September 1980.

4. Papillary Cystic Tumor of the Pancreas. Surgical Pathology Specialty Conference, International Academy of Pathology, Chicago, IL, March 1981.

5. The "Atypical" Thyroid Adenoma. The Sixth Annual Postgraduate Course in Diagnosis and Advances in Surgical Pathology, College of Physicians and Surgeons, Columbia University, *NY,* October 1982.

6. The Spectrum of Pancreatic Islet Hyperplasia-Neoplasia. The Sixth Annual Postgraduate Course in Diagnosis and Advances in Surgical Pathology, College of Physicians and Surgeons, Columbia University, *NY,* October 1982.

7. Polypeptide Hormone Tumor Markers. International Symposium on "Hormones and Cancer," Buenos Aires, Argentina, May 9-13, 1983.

8. The Role of Immunocytochemistry in the Study of Tumor Markers. International Symposium on "Hormones and Cancer," Buenos Aires, Argentina. May 9-13, 1983.

Invited Lectures/Presentations (cont.)

9. Ectopic Hormone Production: Biological and Clinical Considerations. International Symposium on "Hormones and Cancer," Buenos Aires, Argentina, May 9-13, 1983.

10. Immunoperoxidase Methods: Applications in Diagnostic Pathology. Maryland Society of Pathologists, Baltimore, MD, January 1983.

11. Medullary Thyroid Carcinoma as a Model for the Study of Tumor Cell Heterogeneity. Department of Pathology, University of Pittsburgh, PA, February 1983.

12. The Immunocytochemistry of Medullary Thyroid Carcinoma - Biological and Clinical Considerations. Armed Forces Institute of Technology, Washington, D.C., May ***27,*** 1983.

13. Ectopic Hormones -- Biological and Clinical Considerations. Department of Pathology, University of Colorado Health Sciences Center, Denver, CO, September 1983.

14. Ectopic Hormone Syndromes -- Pathology and Mechanisms. Cleveland Society of Pathologists, March 1984.

15. Applications of Immunocytochemistry in Endocrine Pathology. Immunocyto-chemistry Workshop, Cleveland, OH, September 1984.

16. Medullary Thyroid Carcinoma - What's Old and What's New? South African Institute for Medical Research and Department of Pathoiogy, University of the Witwatersrand School of Medicine, Johannesburg, South Africa, January 1986.

17. Ectopic Hormone Syndromes. Department of Pathology, Washington University School of Medicine, St. Louis, MO, December 1986.

18. Applications of Immunocytochemistry in Endocrine Pathology. Department of Pathology, Hartford Hospital, Hartford, CT, June 1987.

19. Applications of Immunohistochemistry in Gynecologic Pathology, Symposium on "Cytology and Pathology of Gynecological Cancer," Cleveland, OH, June 1987.

20. Medullary Thyroid Carcinoma. Seminar on Thyroid Pathology, Washington Hospital Center, Washington, D.C., September 1987.

21. Medullary Thyroid Carcinoma - ***An*** Update. Philadelphia Thyroid Society, Philadelphia, PA, April 1988.

22, Surgical Pathology Slide Seminar. Hospital of the University of Pennsylvania, Philadelphia. PA, **April** 1988.

23. Surgical Pathology Slide Seminar. Medical College of Pennsylvania, Philadelphia, PA, April 1988.

Invited Lectures/Presentations (cont.)

24. Diagnostic Surgical Pathology and Cytology of Pancreatic Neoplasms. Washington D.C. Society of Pathology, Washington, D.C., April 1989.

25. Stromal Lesions of the Breast. Washington Hospital Center, Washington, D.C., April 1989.

26. The Role of Frozen Section in Thyroid -- Is it Indicated? Annual Meeting of the American Society of Clinical Pathologists, Dallas, TX, October 1990.

27. Endocrine Pathology Slide Conference. The Chicago Society of Pathologists, Chicago, IL, May 1992.

28. Breast Cancer -- Pathologic and Biologic Considerations. Northern Ohio Histology Society, Cleveland, OH, October 1992.

29. Applications of Immunohistochemistry in Diagnostic Pathology. Washington Hospital Center, Washington, D.C., September 1992.

30. Intraoperative Evaluation of Thyroid. Michigan Society of Pathologists, Ann Arbor, MI, September 1992.

31. Applications of Immunocytochemistry in Head and Neck Pathology. Michigan Society of Pathologists, Ann Arbor, MI, September 1992.

32. Intraoperative Evaluation of Tyroid Nodules. SUNY, Stonybrook, N.Y., June 1993.

33. Pathology of the Pancreas. Seminars in Surgical Pathology. Washington Hospital Center, Washington, D.C., October 1993.

34. Intraoperative Evaluation of Thyroid Lesions. Methodist Hospital, Indianapolis, IN, July 1993.

35. Fine Needle Aspiration of Thyroid. Methodist Hospital, Indianapolis, IN, July 1993.

36. Intraoperative Evaluation of Thyroid Nodules. Cleveland Society of Pathologists, Cleveland, October 1993.

37. The Role of Cytology in the Intraoperative Evaluation of Thyroid Lesions. ? Is there any role for Frozen Section. The Cleveland Society of Pathologists, Cleveland, OH, October 1994.

38. Pathology of the Thyroid Gland. The Ohio Society of Pathologists, Columbus, OH, June 1995.

39. Update on Thyroid Pathology. National Teleconference. The American Society of Clinical Pathologists. October 1996.

Articles Published in Professional Journals

1. Mendelsohn, G., Metz, J., and Green, R. Normal Vitamin B12 Turnover in Subacute Combined Degeneration of the Spinal Cord. J. Lab. Clin. Invest. 86: 667-671, 1974.

2. Mendeisohn, G., Green, R., Skikne, B.S., and Scott, W.F. Subacute Combined Degeneration of the Spinal Cord and Air Encephalography. S. Afr. Med. J. 49: 1937-1938, 1975.

3. Mendelsohn, G. Multiple Tumors in a Renal Transplant Recipient. Johns Hopkins Med. J. 139: 253-256, 1976.

4. Mendelsohn, G., Gomperts, E.D., and Gurwitz, D. Severe Antithrombin III Deficiency in an Infant, Associated with Multiple Arterial and Venous Thromboses. Thrombosis and Haemostasis 36: 495-502, 1976.

5. Mendelsohn, G., and Hutchins, G.M. Juxtaposition of Atrial Appendages - Reinterpretation as an Accessory Appendage or Atrial Diverticulum. Arch. Pathol. Lab. Med. 101: 490-492, 1977.

6. Mendelsohn, G., and Hutchins, G.M. Primary Pulmonary Hypoplasia: Report of a Case with Polyhydramnios. Amer. J. Dis. Child. 131 1220-1223, 1977.

7. Olson, J.L., and Mendelsohn, G. Congenital Cystic Adeno-matoid Malformation of the Lung: An Ultrastructural Study. Arch. Pathol. Lab. Med. 102: 248-251, 1978.

8. Mendelsohn, G., Bulkley, B.H., and Hutchins, G.M. Cardio-vascular Manifestations of Pseudoxanthorna Elasticum. Arch. Pathol. Lab. Med. 102: 298-302, 1978.

9. Rajfer, J., Mendelsohn, G., Arnheim, J., Jeffs, R.D., and Walsh, P.C. Dysgenetic Male Pseudohermaphroditism. J. Urol. 119: 525-528, 1978.

10. Weisburger, W.R. Mendeisohn, G., Eggleston, J.C., and Baylin, S.B. Immunohistochemical Localization of Histaminase (Diamine Oxidase) in Decidual Cells of Human Placenta. Lab. Invest. 38: 703-706, 1978.

11. Mendelsohn. G., Eggleston, J.C., Weisburger, W.R., Gann, D.S., and Baylin, S.B. Calcitonin and Histaminase in C-cell Hyperplasia and Medullary Thyroid Carcinoma. A Light Microscopic and Immunohistochemical Study. Am. J. Pathol. 92: 35-52, 1978.

12. Mirvis, S.E., Mendelsohn, G., Bulkley, B.H., and Hutchins, G.M. Supravalvular Aortic Stenosis with Parafollicular Cell (C-Cell) Hyperplasia. Am. J. Med. 64: 967-973, 1973.

13. Baylin. S.B., Weisburger, W.R., Eggleston, J.C., Mendelsohn, G., Beaven, M.A., Abeloff, M.D., and Ettinger, D.S. Changing Biochemical Patterns in Small Cell Carcinoma of the Lung. N. Engl. J. Med. 299: 105-110, 1978.

* Invited Reviews

Articles Published in Professional Journals (Cont.)

14. Baylin, S.B., Mendelsohn, G. Weisburger, W.R., Gann, D.S., and Eggleston, J.C. Levels of Histaminase and L-dopa Decarboxylase Activity in the Transition from C-cell Hyperplasia to Familial Medullary Thyroid Carcinoma. Cancer 44: 1315-1321, 1979.

15. Mendelsohn, G., and Hutchins, G.M. Infective Endocarditis in the First Decade of Life: An Autopsy Study of 33 Cases. Am. J. Dis. Child. 133: 619-622, 1979.

16. Abeloff, M.D., Eggleston, J.C., Mendelsohn, G., Ettinger, D.S., and Baylin, S.B. Changes in Morphologic and Biochemical Characteristics of Small Cell Carcinoma of the Lung - A Clinicopathologic Study. Am. J. Med. 66: 757-764, 1979.

17. Trump, D.L., Shoback, D.M., and Mendelsohn, G. Angio-Immunoblastic Lymphadenopathy with Dysproteinemia. Johns Hopkins Med. J. 144: 101-106, 1979.

18. Trump, D.L., Mendelsohn, G., and Baylin, S.B. Discordance Between Plasma Calcitonin Content and Tumor Cell Mass in Medullary thyroid Carcinoma. N. Engl. J. Med. 301: 253-255, 1979.

19. Mendelsohn, G., D'Agostino, R., Eggleston, J.C., and Baylin, S.B. The Distribution of Beta-Endorphin Immunoreactivity in the Normal Human Pituitary. J. Clin. Invest. 63: 1297-1301, 1979.

20. Mendelsohn, G., Eggleston, J.C., Olson, J.L., Said, S.I., and Baylin, S.B. Vasoactive Intestinal Peptide (VIP) and Its Relationship to Ganglion Cell Differentiation in Neuroblastic Tumors. Lab. Invest. 41: 144-149, 1979.

21. Hutcheon, D., Nygaard, T., Naidich, D., and Mendelsohn, G. Carcinoid Tumor - Clinical Conference. Johns Hopkins Med. J. 145: 170-175, 1979.

22. Baylin, S.B., Mendelsohn, G., Levine, M.A. Medullary Thyroid Carcinoma in Sipple Syndrome. Johns Hopkins Med. J. 145: 201-205, 1979.

23. Hamilton, S.R., Bussey, H.J.R., Mendelsohn, G., Diamond, M.P., Pavlides, G., Hutcheon, D., Morson, D.M., and Yardley, J.H. Ileal Adenomas After Colectomy in Nine Patients with Adenomatous Polyposis Coli/Gardner's Syndrome. Gastroenterol. 77: 1252-1259, 1979.

24. Mendelsohn, G., Eggleston, J.C., and Mann, R.B. Relationship of Lysozyme (Muramidase) to Histiocytic Differentiation in Malignant Histiocytosis. Cancer 45: 273-279, 1950.

25. Mendelsohn, G., Baylin, S.B., and Eggleston, J.C. Relationship of Metastatic Medullary Thyroid Carcinoma to Calcitonin Content of Pheochromocytomas. Cancer 45: 498-502, 1980.

Articles Published in Professional Journals (Cont.)

26. Ettinger, D.S., Rosenshein, N.B., Parmley, T.H., Mendelsohn, G., and Baylin, S.B. Tumor Cell *Origin* of Histaminase Activity in Ascites Fluid from Patients with Ovarian Carcinoma. Cancer 45: 2568-2575, 1980.

27. Shermeta, D., Mendelsohn, G., and Hailer, A.J. Hyper-insulinemic Hypoglycemia of the Neonate Associated with Persistent Fetal Histology and Function of the Pancreas. Ann. Surg. 191: 182-186, 1980.

28. Cox, C.E., Van Vickle, J., Froome, L.C., Mendelsohn, G., Baylin, S.B., and Wells, A.A., Jr. Carcinoembryonic Antigen and Calcitonin as Markers of Malignancy in Medullary Thyroid Carcinoma. Surg. Forum 30: 120-122, 1979.

29. Mendelsohn, G., Bigner, S.H., Eggleston, J.C., Baylin, S.B., and Wells, S.A. Jr. Anaplastic Variants of Medullary Thyroid Carcinoma - A Light Microscopic and Immunohistochemical Study. Am. J. Surg. Pathol. 4: 333-341, 1980.

30. Waish, T.J., Hutchins, G.M., Bulkley, B.H., and Mendelsohn, G. Fungal Infections of the Heart: A Clinical and Pathologic Analysis of 51 Patients at Autopsy. Am. J. Cardiol. 45: 357-366, 1980.

"31. Baylin, S.B., and Mendelsohn, G. Ectopic (Inappropriate) Hormone Production by Tumors - Mechanisms Involved and the Biological and Clinical Implications. Endocrine Rev. 1: 45-77, 1980.

32. Miller, K.H., Green, W.R., Stark, W.J., Wells, H.A., and Mendelsohn, G. Immunoprotein Deposition in the Cornea. Ophthalmol. 87: 944-950, 1980.

33. Taxy, J.B., Mendelsohn. G., and Gupta, P.K. Carcinoid Tumors of the Rectum: Silver Reactions, Fluorescence, and Serotonin Content of the Cytoplasmic Granules. Am. J. Clin. Pathol. 74: 791-795, 1980.

34. Shermeta, D.W., and Mendelsohn, G. Hyperinsulin Hypo-glycemia in the Neonate: Therapeutic Choices. J. Ped. Surg. 15: 398-399, 1980.

35. Vuitch, M.F., and Mendelsohn, G. Relationship of Ectopic ACTH Production to Tumor Differentiation: A Morphologic and Immunohistochemical Study of Prostatic Carcinoma with Cushing's Syndrome. Cancer 47: 296-299, 1981.

36. Walsh, T.J., and Mendelsohn, G. Invasive Aspergillosis Complicating Cushing's Syndrome. Arch. Int. Mzd. 141: 1227-1232, 1981.

37. Kuhajda, F.P.. Mendelsohn, G., Taxy, J.B., and Long, D.M. Pleomorphic Xanthoastrocytoma: Report of a Case with Light and Electron Microscopy. Ultrastruct. Pathol. 2: *25-31.* 1981.

* Invited Reviews

Articles Published in Professional Journals (Cont.)

38. Craft, C.F., Mendeisohn, G., Cooper, **H.S.,** and Yardley, J.H. Colonic "Precancer" in Crohn's Disease. Gastroenterology 80: 578-584, 1981.

39. Bigner, **S.H.,** Mendelsohn, G., Wells, S.A., Jr., Cox, E.B., Baylin, S.B., and Eggleston, J.C. Medullary Carcinoma of the Thyroid in the Multiple Endocrine Neoplasia IIA Syndrome. Am. J. Surg. Pathol. 5: 459-472, 1981.

40. Wiley, E.L., Mendelsohn, G., and Eggleston, J.C. Distri-bution of Carcinoernbryonic Antigens and Blood Group Substances in Adenocarcinoma of the Colon. **Lab.** Invest. 44: 507-513, 1981.

41. Berger, **C.L.,** Goodwin, G., Mendelsohn, G., Eggleston, J.C., Abeloff, **M.D.,** Aisner, S., and Baylin, S.B. Endocrine Related Biochemistry in the Spectrum of **Human** Lung Carcinoma. J. Clin. Endocrinol. Metab. 53: 422-429, 1981.

42. Wiley, **E.L.,** Murphy, P., Mendelsohn, G., and Eggleston, J.C. Distribution of Blood Group substances in Normal Human Colon: Use of the Unlabeled Antibody Immuno-peroxidase Technique to Identify **A** and B Blood Group Substances. Am. 3. **Clin.** Pathol. 76: 806-809, 1981.

43. Wiley, **E.L.,** Mendelsohn, G., Droller, M.J., and Eggleston, J.C. Immunoperoxidase Detection of Carcinoembryonic Antigen and Blood Group Substances in Papillary Transi-tional Cell Carcinomas of the Bladder. J. Urol. 128: 276-280, 1982.

44. Lippman, S.M., Mendelsohn, G., Trump, D.L., Wells, S.A., Jr., and Baylin, S.B. The Prognostic and Biologic Significance of Cellular Heterogeneity in Medullary Thyroid Carcinoma: A Study of Calcitonin, L-Dopa Decarboxylase, and Histaminase. J. **Clin.** Endocrinol. Metab. 54: 233-240, 1982.

45. Bauer, T.W., Mendelsohn, G., Humphrey, R.L., and Mann, R.B. Angioimmunoblastic Lymphadenopathy Progressing to Immunoblastic Lymphoma with Prominent Gastric Involvement: An Immunohistochemical Study of Two Cases. Cancer 50: 2089-2093, 1982.

46. Wells, **S.A.,** Jr., Baylin, S.B., Johnsrude, I.S., Harrington, D.P., Mendelsohn, G., Ontjes, **D.A.,** and Cooper, C.W. Thyroid Venous Catheterization in the Early Diagnosis of Familial Medullary Thyroid Carcinoma. **Am** Surg 196: 505-511, 1982.

"47. Baylin, S.B., and Mendelsohn, G. Time Dependent Changes in Human Tumors: Implications for Diagnosis and Clinical Course. Semin. Oncoi. 9: 504-512, 1982.

48. Qualman, S.J., Mendelsohn, G., Mann, R.B., and Green, W.R. Intraocular Lymphomas: Natural History Based on a Study of Eight Cases and a Review of Literature. Cancer 52: 878-886, 1983.

* Invited Reviews

Articles Published in Professional Journals (Cont.)

49. Kuhajda, F.P., Offutt, L.E., **and** Mendeisohn, G. The Distribution of Carcinoernbryonic Antigen in Breast Cancer: prognostic **and** Biological Implications. Cancer 52: 878-886, 1983.

*50. Mendelsohn, G., **and** Baylin, **S.B.** Medullary Thyroid Carcinoma. Laboratory Management 21: 25-35, 1983.

51. Sanfey, H., Mendelsohn, G., and Cameron, J.L. **Solid and** papillary Neoplasms of **the** Pancreas: **A** Potentially Curable Surgical Lesion. **Ann. Surg.** 197: 272-275, 1983.

52. Kuhajda, F.P., Sun, T.T., **and** Mendelsohn, G. Polypoid Squamous Carcinoma of the Esophagus: **A** Case Report **with** Immunostaining for Keratin. **Am.** J. Surg. Pathol. 7: 495-499, 1983.

53, Goodwin, G., Shaper, J.H., Abeloff, M.D., Mendeisohn, G., and Baylin S.B. Analysis of Cell Surface Proteins Delineates a Differentiation Pathway Linking Endocrine **and** Non-endocrine Human Lung Cancers. Proc. Natl. Acad. Sci. (USA) 80: 380-7-3811, 1983.

54. Qualman, S.J., Gupta, P.K., and Mendeisohn, G. Intra-cellular E. coli in Urinary Malakoplakia: **A** Reservoir of Infection and its Therapeutic Implications. **Am.** J. Clin. Pathol. 81: 35-42, 1984.

55. Epstein, J.I., White, C.W., and Mendelsohn, G. Factor VIII Related Antigen and Glial Fibrillary Acidic Protein in the Differential Diagnosis of Central Nervous System Hemangioblastomas. **Am.** J. Clin. Pathoi. 81: 285-292, 1984.

56. Schron, D.S., Gipson, T., and Mendelsohn, G. The Histogenesis of Small Cell Carcinoma of the Prostate: An Immunohistochemical Study. Cancer 53: 2478-2480, 1984.

57. Epstein, J.I., and Mendelsohn, G. Squamous Carcinoma of the Foot Arising in Association with Longstanding Verrucous Hyperplasia in a Patient with Congenital Lymphedema. Cancer 54: 943-947, 1984.

58. bfendelsohn, G., Wells, **S.A.,** Jr., and Baylin, S.B. Relationship of Tissue Carcinoembryonic Antigen and Calcitonin to Tumor Virulence in Medullary Thyroid Carcinoma: ***An*** Immunohistochemical Study in Early, Localized, nd Virulent Disseminated Stages of Disease. Cancer 54: 657-662, 1984.

59. Kuhajda, F.P., Gipson, T., and Mendelsohn, G. papillary Adenocarcinoma of the Prostate: **An** Immunohistochemical Study. Cancer 54: 1328-1332, 1984.

* Invited Reviews

Articles Published in Professional Journals (Cont.)

60. Kuhajda, F.P., Bohn, H., and Mendelsohn, G. Pregnancy Specific Beta-1-Glycoprotein (SP-I) in Breast Carcinoma: Pathologic and Clinical Considerations. Cancer 54: 1392-1396, €984.

61 Schron, D.S., and Mendeisohn, G. Pancreatic Carcinoma with Duct, Endocrine, and Acinar Differentiation: A Histological, Immunocytochemical and Ultrastructural Study. Cancer 54: 1766-1770, 1984.

62. Mendelsohn, G., and Diamond, M.P. Familial Ganglio-neuromatous Polyposis of the Large Bowei. Report of a Family with Associated Juvenile Polyposis. Am. J. Surg. Pathol. 8: 515-520, 1984.

63. Berger, C.L., DeBustros, A., Roos, B.A., Leong, S.S., Mendeisohn, G., Gessell, M.S., and Baylin, S.B. Human Medullary Thyroid Carcinoma in Culture Provides a Model Relating Growth Dynamics, Endocrine Cell Differentiation, and Tumor Progression. J. Clin. Endocrinol. Metab. 59: 338-343, 1984.

64. Mendelsohn, G. Signet Cell-Stimulating Microfollicular Adenoma of the Thyroid. Am. J. Surg. Pathol. 8: 705-708, 1984.

65. Abbuhl, M.F. and Mendeisohn, C. A Simple Technique for the Use of Radioimmunoassay Antisera in Immunohisto-chemical Procedures. J. Histotechnol. 9: 17-19, 1986.

66. Aron, D.C., Mendelsohn, G., and Roos, B.A. Elaboration of Nonsomatostatin Peptides Containing the Amino-terminal Portion of Prosomatostatin in a Somatostatin-secreting Human Medullary Thyroid Carcinoma Cell Line. J. Clin. Endocrinol. Metab. 62: 1273-1242, 1986.

67. Vogel, H.P. and Mendelsohn, G. Laminin Immunostaining in Hyperplastic, Dysplastic and Neoplastic Lesions of the Endomemum and Uterine Cervix. Am. J. Obstet. Gynecol. 69: 794-799, 1987.

68. Martin, S.A., Perez-Reyes, N., and Mendeisohn, G. Angio-invasion in Breast Carcinoma: An Immunohistochemical Study of Factor VIII-Related Antigen. Cancer 59: 1918-1922, 1987.

69. Mendelsohn, G., de la Monte, S., Dunn, J.L., and Yardley, J.H. Gastric Carcinoid Tumors, Endocrine Cell Hyper-plasia, and Associated Intestinal Metaplasia. Histologic, Histochemical, and Immunohistochemical Findings. Cancer 660: 1022-1031, 1987.

70. Al-Kaisi, N., Abdul-Karim, F., and Mendelsohn, G. Atypical Bronchial Carcinoid with Amyloid Stroma; Another Neuroendocrine Tumor with Amyloid Production. Arch. Pathol. Lab. Med. 112: 211-214, 1988.

* Invited Reviews

Articles Published in Professional Journals (Cont.)

71. Ballance, W.A., Mendelsohn, G., Carter, J.R., and Abdul-Karim, F.W.: Osteogenic Sarcoma: Malignant Fibrous Histiocytomatous Variant. Cancer 62: 763-771, 1988.

*72. Mendelsohn, G.: Prognosis of Medullary Thyroid Carcinoma. Invited Commentary. World J. Surg.

73. Sawady, J., and Mendelsohn, G.: Extrapancreatic Gastri-noma with pancreatic islet cell hyperplasia. Arch. Pathol. Lab. Med. 113: 536-538, 1989.

74. Sawady, J., Mendelsohn, G., Sirota, R.L., and Taxy, J.B.: The Intra-thyroid Hyperfunctioning Parathyroid Gland. Modem Pathol. 2: 652-657, 1989.

75. Huss, L.J. and Mendelsohn, G.: Medullary Carcinoma of the Thyroid Gland: An Encapsulated Variant Resembling the Hyalinizing Trabecular (Paraganglioma-like) Adenoma of Thyroid. Modem Pathol. 3: 581-585, 1990.

76. Sawady, J., Friedman, M.I., Katzin, W.E., and Mendelsohn, G.: Role of the Transitional Mucosa of the Colon in Differentiating Primary Adenocarcinoma from Carcinomas Metastatic to the Colon. Am. J. Surg. Pathol. 15: 136-144, 1991.

77. Mair, S., Lash, R.H., Mendelsohn, G., and Sussman, D.: Intraoperative Surgical Specimen Evaluation: Frozen Section, Cytology or Both ? A Comparative Study of 206 Cases. Am. J. Clin. Pathol. 96:8-14, 1991.

* 78. Mendelsohn. G.: Markers as Prognostic Indicators in Medullary Thyroid Carcinoma. Am. J. Clin. Pathol. 95:297-298, 1991.

79. Leeming, R., Jenkins, M., and Mendelsohn, G.: Adenoid Cystic Carcinoma of the Breast. Arch. Surg. 127:233-235, 1992.

80. Vasef, M., Katzin, W.E., and Mendelsohn, G.: Castleman's Disease: Report of a Case of Malignant Lymphoma in a Patient with Localized Castleman's Disease. Am. J. Clin. Pathol. 98:633-636, 1992.

81. Sawady, J., Katzin, W.E., Mendelsohn, G., and Aron, D.: Somatostatin and Prosomatostatin Localization in Neuroendocrine Tumors of the Ampulla. Am. J. Clin. Pathol. 97:411-415, 1992.

82. Rudderman, R.H., Guyuron, B., and Mendelsohn, G.: The fate of fresh and preserved, non-crushed and crushed autogenous cartilage in the rabbit model. Ann. Plastic Surg. (in press, 1994).

83. Vasef, M., Abbuhl. M.F., Klein, M.A., and Mendelsohn, G.: Multitissue Blocks for Quality Control in Immunohistochemistry. The J. Histotechnol. 18: 127-129, 1995.

Books

1. Mendelsohn, G. Diagnosis and Pathology of Endocrine Diseases. J.B. Lippincott Co., 1988.

Book Chapters

1 Mendelsohn, G. Histaminase Immunocytochemistry in Medullary Thyroid Carcinoma and Small Cell Lung Carcinoma. Monograph in Diagnostic Pathology, Masson Publishing, New york, 1981, pp. 299-312.

2. Mendelsohn G., and Baylin, S.B. Endocrine Markers of Cancer. In: Cancer Markers: Developmental and Diagnostic Significance, Vol. 2 (sell, S. and Wahren, B., Eds.). Humana Press, New Jersey, 1982, pp. 321-358.

3. Mendelsohn, G., Bayiin, S.B., and Tischler, A.S. Vasoactive Intestinal Polypeptide (VIP) in Neurogenic Tumors and Tumor Cells. In: Advances in Polypeptide Hormone Research, Voi. 1: Vasoactive Intestinal Peptide (Said, S.I., Ed.). Raven Press, New York, 1981, pp. 479-493.

4. Mendelsohn, G. The Pathology of Lesions Producing the Watery Diarrhea Syndrome. In: Progress in Surgical Pathology (Fenoglio, C.M. and Woiff, M., Eds.). Masson Publishing, New'York, 198I, pp. 199-216.

5. Bayiin, S.B., and Mendelsohn G. Medullary Thyroid Carcinoma -- A Model for the Study of Human Tumor Progression and Cell Heterogeneity. In: Tumor Cell Heterogeneity (Owens, A.H., Jr., Bayiin, S.B., and Coffey, D.S. Eds.). Academic Press, New York, 1982, pp. 9-27.

6. Berger, C.L., Wells. S.A., jr., Mendelsohn, G., and Bayiin, S.B. The Treatment of Medullary Thyroid Carcinoma. In: Current Endocrinologic Therapy (Kreiger, D.T. and Bardin, C.W., Eds.). B.C. Decker, New Jersey, 1983, pp. 98-104.

7. Mendelsohn, G., and Baylin, S.B. Ectopic Hormone Production -- Biologic and Clinical Considerations. In: Hormones and Cancer (Soto, R.J., Sartorio, G.C., and Calandra. R., Eds.). Alan R. Liss, Inc., New York, 1983.

8. Mendeisohn, G. Diagnostic Histochemistry and Immunohistochemistry of the Thyroid, Parathyroid, and Adrenal Glands. In: Application of Histochemistry to Pathologic Diagnosis (Spicer, S.S., Hennigar, G.R., and Garvin, A.J., Eds.). Marcel Dekker, lnc., New York, 1984.

Book Chapters (cont.)

9. Mendelsohn G., and Baylin, S.B. Time Dependent Changes in Human **Tumors:** Implications for Diagnosis **and** Clinical **Behavior.** In: **Tumors** of Unknown ***Origin*** **and** Poorly Differentiated Neoplasms (Fer, **M.F.** Oldham, R.R., and Greco, **F.A.,** Eds.). Grune and Stratton, Florida, 1985.

10. Mendelsohn, G., Suarez, M., Hassan, M.O., Subramanyan, S., and Maksem, J.A. Histopathologic, Immunohistochemical and Ultrastructural Studies of Lung Carcinomas. In: Progress in Surgical Pathology (Fenoglio, C.M., and Wolff, M., **Eds.).** Masson Publishing, New York, 1986.

11. Mendelsohn, G., and Maksem, J.A. Divergent Differentiation in Tumors. Pathoiogy and Biologic Considerations. Pathology Annual 1986, Part I, Vol. **21** (Sommers, S.C., Rosen, P.P., Fechner, R.E., Eds.), **pp.** 91-109.

12. Nuñez, C., and Mendelsohn, G. Fine Needle Aspiration Cytology of the Thyroid. Pathology Annual 1987.

13. Mendlesohn, G. Pseudotumors of the Endocrine Glands. In: Pseudotumors (Wick, M.R., Ed.) (In Preparation).

14. Mendelsohn, G. Pseudotumors of the Breast. In: Pseudotumors (Wick, M.R., Ed.) (In Preparation).

Abstracts

I. Green, R., Mendelsob, G., van Tonder, S., and Metz, J. Vitamin B12 turnover in Humans and Fruit Bats with B12 Deficient Neuropathy. Presented at the 18th Annual Meeting of the American Society of Hematology, Dallas, TX, December, 1975.

2. Mendelsohn, G., and Hutchins, G.M. Juxtaposition of the Atrial Appendages Reinterpreted as Accessory Appendage or **Atrial** Appendages or Atrial Diverticulum. Presented at the 65th Annual Meeting of the International Academy of Pathology, Boston, MA, March, 1976. Lab Invest 36: 326, 1976.

3. Mendelsohn, G., Weisburger, W.R., Bayiin, S.B., and Eggieston, J.C. Calcitonin and Histaminase as Biomarkers in the Differentiation between C-Cell Hyperplasia and Medullary Thyroid Carcinoma. Presented at the 67th Annual Meeting of the International Academy of Pathology, Atlanta, GA, March 6-10, 1978. Lab Invest 38: 375. 1978.

4. Mendelsohn, G., Bulkley, B.W., and Hutchins, G.M. Infective Endocarditis **Old** and New: **A** Study of 574 Patients Autopsied over ***64*** Years. Presented at the 67th Annual Meeting of the International Academy of Pathology, Atlanta, GA, March 6-10, 1978. Lab Invest 38: 357, 1978.

Abstracts (cont.)

5. Walsh, T.J., Hutchins, G.M., Bulkley, B.H., and Mendelsohn, G. Fungal Infections of the Heart: Clinical and Pathologic Study of 47 Patients. Presented at the 67th Annual Meeting of &heInternational Academy of Pathology, Atlanta, GA, March 6-10, 1978.

6. Weisburger, W.R., Mendelsohn, G., Baylin, S.B., and Eggleston, J.C. The Presence and Variability of Histaminase in Small Cell Carcinoma of the Lung. Presented at the 67th Annual Meeting of the International Academy of Pathology, Atlanta, GA, March 6-10, 1978. Lab Invest 38: 371, 1978.

7. Baylin, S.B., Weisburger, W.R., Mendelsohn, G., Abeloff, M.D., and Eggleston, J.C. Variable Biochemical Patterns in Small Cell Lung Carcinoma—Biological and Clinical Implications. Presented at the Annual Meeting of the American Association of Cancer Research, Washington, DC, April 7, 1978. Proc Am Assoc Cancer Res 19: 223, 1978.

8. Baylin, S.B., Mendelsohn, G., Weisburger, W.R., Eggleston, J.C., and Gann, D.S. Histaminase Activity as a Marker for Transition of C-Cell Hyperplasia to Medullary Thyroid Carcinoma. Presented at the 60th Annual Meeting of the Endocrine Society, Miami, FL, June 16-18, 1978. Endocrinol 102 (Supp.): 105, 1978.

9. Preissig, S.H., Mendelsohn, G., Eggleston, J.C., Wells, S.A., Jr., Baylin, S.B., and Farrell, R.E. Prognostic Factors of Medullary Thyroid Carcinoma in the Multiple Endocrine Neoplasia II Syndrome. Presented at the 68th Annual Meeting of the International Academy of Pathology, San Francisco, CA, March 5-9, 1979. Lab Invest 40: 278, 1979.

10. Mendelsohn, G., Eggleston, J.C., Olson, J.L., Said, S.I., and Baylin, S.B. Vasoactive Intestinal Peptide (VIP) and Its Relationship to Ganglion Cell Differentiation in Neuroblastic Tumors. Presented at the 68th Annual Meeting of the International Academy of Pathology. San Francisco, CA , March 5-9, 1979. Lab Invest 40: 270, 1979.

11. Mann, R.B., Mendeisohn, G., and Eggieston, J.C. Relationship of Lysozyme (Muramidase) to Histiocytic Differentiation in Malignant Histiocytosis. Presented at the 68th Annual Meeting of the International Academy of Pathology, San Francisco, Ca, March 5-9, 1979. Lab Invest@: 273, 1979.

12. Mendelsohn, G., Preissig, S.H., Eggieston, J.C., Baylin, S.B., and Wells, S.A. Jr. Unusual Morphologic Variants of Medullary Thyroid Carcinoma. Presented at the 68th Annual Meeting of the International Academy of Pathology, San Francisco, CA, March 5-9, 1979. Lab Invest 40: 273, 1979.

13. Mendeisohn, G., D'Agostino, R., Eggieston, J.C., and Baylin. S.B. The Distribution of Beta-endorphin Immunoreactivity in the Normal Human Pituitary Gland. Presented at the 61st Annual Meeting of the Endocrine Society, Anaheim, California, June 11-13, 1979. Endocrinol 103, 1979.

14. Cox, C.E., Van Vickle, J., Froome, L.C., Mendeisohn, G., Baylin, S.B., and **Wells, S.A.,** Jr. Carcinoernbryonic Antigen and Calcitonin as Markers of Malignancy in Medullary Thyroid Carcinoma. presented **at** the **Annual** Meeting of the College of Surgeons, Chicago, IL, October, 1979.

15. Mendelsohn, G., Vuitch, F.M., and Taxy, J.B. Relationship of Ectopic **ACTH** Production to Tumor Differentiation: A Morphologic and Immunohistochemical Study of Prostatic Carcinoma with cushing's Syndrome. Presented at the 69th Annual Meeting of the International Academy of Pathology, New Orleans, LA, February 25-29, 1980. lab Invest 42: 135, 1980.

16. Craft, C.F., Mendeisohn, G., Cooper, H.S., Yardley, J.H. Colonic "Pre-cancer" in Crohn's Disease. Presented at the 69th Annual Meeting of the International Academy of Pathology, New Orleans, LA, February 25-29, 1980. Lab Invest 42: 109, 1980.

17. Wiley, E.L., Mendelsohn, GI., Eggleston, J.C. Immunoperoxidase Localization of Blood Group Antigens and Carcinoernbryonic Antigens in Colon Cancer. Presented at the 69th Annual Meeting of the International Academy of Pathology, New Orleans, **LA,** February 25-29, 1980. lab Invest 42: 160, 1980.

18. Berger, C.L., Mendeisohn, G., Eggieston, J.C., Abeloff, M.D., Baylin, S.B. Endocrine Biochemistry in the Spectrum of Human Lung Carcinoma. Presented at the 62nd Annual Meeting of the Endocrine Society, Washington, DC, June 1980. Proc Endocr Soc, 62nd Annual Meeting, Abstr. 795, p. 273.

19. Qualman, S.J., Mendelsohn, G., Green, W.R. **Intraocular and** Central Nervous System Malignant Lymphomas: A Histopathologic Study of 10 Cases. Presented tat the 70th Annual Meeting of the International Academy of Pathology, Chicago, IL, March 2-6, 1981. Lab Invest 44: 53A, 1981.

20. Mendelsohn, G., Oertel, J.E. Encapsulated Medullary Thyroid Carcinomas: Differentiation from "Atypical" Adenomas by Calcitonin Irnrnunocyto-chemistry. Presented at the 70th Annual Meeting of the International Academy of Pathology, Chicago, IL, March 2-6, 1981. Lab Invest 44: 43A, 1981.

21. Klacsmann, P.G., Cantrell, B.B., Mendeisohn, G., Manley, P.N., Walshi, P.C., Eggleston, J.C. Immunohistochemical Localization of Prostatic Acid Phosphatase and Carcinoembryonic Antigen in Stage A_2 Carcinoma of the Prostate. Presented at the 70th Annual Meeting of the International Academy of Pathology, Chicago, IL. March 2-6, 1981. Lab Invest 44: 32A, 1981.

22. Wiley, E.L., Mendelsohn, G., Droller, M.J., Eggleston, J.C. Immuno-peroxidase Detection of Carcinoernbryonic Antigens and Blood Group Substances in Transitional Cell Carcinomas of the Bladder. Presented tat the 70th Annual Meeting of the International Academy of Pathoiogy, Chicago, IL, March 2-6, 1981. Lab Invest 44: 75A. 1981.

Abstracts (cont.)

23. Lipman, S.M., Trump, **D.L.**, Mendelsohn, G., Baylin, S.B. Heterogeneous Calcitonin Immunostaining Predicts Poor Prognosis in Medullary Thyroid Carcinoma. Presented at the Annual Meeting of the American Federation for Clinical Research, San Francisco, CA, May 1981. Clin Res 29: A295, 1981.

24. Qualman, S.J., Gupta, P.K., Mendelsohn, G. Nature of Intracellular Bacteria in Genitourinary Malakoplakia: ***An*** Immunohistochemical Study. Presented at the 71st Annual Meeting of the International Academy of Pathology, Boston, MA, March, 1981. Lab Invest 46: 66A, 1982.

25. Kuhajda, F.P., Mendeisohn, G. Carcinoembryonic Antigen and Alpha-Lact-albumin in Breast Carcinoma: ***An*** Immunohistochemical Study. Presented at the 71st Annual Meeting of the International Academy of Pathology, Boston, MA, March, 1981. Lab Invest 46: 46A, 1982.

26. Schron, D.S., Gipson, T., Mendelsohn, G. Small Cell Carcinoma of the Prostate: Histogenetic and Immunohistochemical Considerations. Presented at the 71st *Annual* Meeting of the International Academy of Pathology, Boston, MA, March, 1981. Lab Invest 46: 74A, 1982.

27. Epstein, J.I., White, C.W., and Mendelsohn, G. Factor VIII and Glial Fibrillary Acidic Protein in the Differential Diagnosis of Central Nervous System hemangioblastomas. Presented at the 72nd Annual Meeting of the International Academy of Pathology, Atlanta, GA, February 27-March 4, 1983. Lab Invest 48: 23A, 1983.

28. Kuhajda, F.P., Bauer, T.W., Moore, G.W., and Mendelsohn, G. Pregnancy-Associated Alpha-2 Glycoprotein Positivity and Extensive Necrosis are Predictors of Early Recurrence in Stage I, Estrogen-Receptor Negative Breast Carcinoma. Presented at the 72nd **Annual** Meeting of the International Academy of Pathology, Atlanta, **GA,** February 27-March 4, 1983. Lab Invest 48: 47A, 1983.

29. Mendelsohn, G., Gessell, M., Berger, C.L., and Baylin, S.B. Relationship of Carcinoernbryonic Antigen and Calcitonin Immunoreactivity to Tumor Virulence in Medullary Thyroid Carcinoma. Presented at the 73rd Annual Meeting of the International Academy of Pathology, San Francisco, CA, March 10-15, 1984. Lab Invest 50: 39A, 1984.

30. Maksem, J.A., Suarez, M., Subramanyan, S., Hassan, M.O., Mendeisohn, G., Kwak, Y-S. Histopathology. Ultrastructure and Immunohistology of Typical Lung Carcinomas. Presented at the Annual Fall Meeting of the American Society of Clinical Pathology, New Orleans, LA, October 27-November 2, 1984.

31. Mendelsohn, G., de la Monte, S., Dunn, J.L., Yardley, J.H. Gastric Carcinoid Tumors and Associated Intestinal Metaplasia. j Presented at the 74th Annual Meeting of the International Academy of Pathology, Toronto, Ont., March 11-15, 1985. lab Invest 52: 43A, 1985.

Abstracts (cont.)

32. Schaub, C., and Mendelsohn, G. Clear Cell Tumors of the Thyroid Gland. Presented at the annual Fall Meeting of the American Society of Clinical Pathology, Las Vegas, NV, November 1985.

33. Ballance, W., Mendelsohn, G., Makley, J., and Carter, J.R. Malignant Fibrous Histiocytomatous Variant of Osteogenic Sarcoma. Presented at the Annual Fall Meeting of the American Society of Clinical Pathology, Orlando, FL, September 1987.

34. Martin, S., and Mendelsohn, G. Angioinvasion in Breast Carcinoma: An Immunohistochemical Study of Factor VIII-Related Antigen. Presented at the 76th Annual Meeting of the International Academy of Pathology, Chicago, IL, March 9-13, 1987.

35. Sawady, I., Friedman, M.I., Katzin, W.E., and Mendelsohn, G.: Role of the Transitional Mucosa of the Colon in Differentiating Primary Adenocarcinoma from Carcinomas Metastatic to the Colon. Presented at the Annual Fall Meeting of the American Soceity of Clinical Pathologists, Dallas, TX, October 1990.

36. Mair, S., Lash, R.H., Mendelsohn, G., and Sussman, D. Intraoperative Surgical Specimen Evaluation -- Frozen Section, Cytology or Both'? Presented at the Annual Fall Meeting of the American Soceity of Clinical Pathologists, Dallas, TX, October 1990.

37. Friedman, M., Schoenfield, L., Mendelsohn, G., et al. Barrett's Esophagus: Long-Term Follow-Up in the Pediatric Population. Presented at the Annual Fall Meeting of the American Soceity of Clinical Pathologists, New Orleans, LA, October 1991.

38. Mair, S., Lash, R.H., and Mendelsohn, G. Aspiration Cytology of *Primary* Stromal Lesions of the Breast. Presented at the *Annual* Fall Meeting of the American Soceity of Clinical Pathologists, New Orleans, LA, October 1991.

ontinuing Medical Education Publications

1. Unusual Morphologic Variants of Medullary Thyroid Carcinoma. ASCP Check Sample II-41, 1980.

2. Microcystic Adenoma (Glycogen-Rich Cystadenoma) of Pancreas. ASCP Check Sample AP 88-6, 1988.

3. Malignant Mixed Tumor of Thyroid Gland. ASCP Check Sample, TD 88-2, 1988.

4. Ovarian Mucinous Cysdc Tumor, Mullerian Type, of Borderline Malignant Potential. ASCP Check Sample, in press, 1991.

5. Frozen Section vs. Cytology in the Intraoperative Evaluation of Thyroid. ASCP Check Sample, in press. 1991.

GEOFFREY MENDELSOHN, M.D.

January 14, 1999

Marc W. Groedel, Esq.
Reminger & Reminger
The 113 St. Clair Building
Cleveland, Ohio 44114

RE: Lawrence E. Brown
Your File No. 3761-02-36205-98

Dear Mr. Groedel:

At your request, I have examined six slides, #A97-152 from University Hospitals of Cleveland, which you sent me.

The slides include several sections of lung and pulmonary artery, as well as a section of artery, consistent with coronary artery.

The lungs are congested and slightly emphysematous with subpleural emphysematous bullae and fibrinous pleuritis. The sections of pulmonary artery contain a large, organizing thrombus/embolus that is attached to the wall of the artery. There is early recanalization of the thrombus with fibrosis, focal hemosiderin pigment deposition, and scattered chronic inflammatory cells. In addition, there is a chronic inflammatory infiltrate within the wall of the artery, extending out into periarterial soft tissues. These findings are consistent with a thrombus/embolus at least two weeks old. The section of coronary artery shows occlusive, calcific atherosclerosis.

Please let me know if you have any further questions with regard to this case.

Sincerely,

Geoffrey Mendelsohn M.D.

Geoffrey Mendelsohn, M.D.
Director, Department of Pathology and Laboratory Medicine

PLAINTIFF'S EXHIBIT A 9-28-99

PHS MT. SINAI MEDICAL CENTER
ONE MT. SINAI DRIVE, CLEVELAND, OHIO 44106
PHONE (216) 421-4404 FAX (216) 421-3964

GEOFFREY MENDELSOHN, M.D.

December 11,1999

Marc W. Groedel, Esq.
Reminger & Reminger
The 113 St. Clair Building
Cleveland, Ohio 44114

RE: Lawrence Brown
Your File Na 3761-02-36205-98

Dear Mr. Groedel:

I have reviewed the additional slides #A97-152 from University Hospitals of Cleveland, which you sent me in this case. These slides were taken from Mr. Brown's heart at the time of autopsy.

The slides show extensive recent transmural myocardial infarction involving both left and right ventricular walls, with evidence of ongoing myocardial necrosis. Mr. Brown's heart was severely compromised by the myocardial infarct, and the presence of ongoing myocardial necrosis is consistent with progressive ischemia related to Severe coronary artery disease as well as the original pulmonary embolus.

The severity of the myocardial ischemic damage suffered by Mr. Brown, together with evidence of ongoing and progressive myocardial damage, reinforces my previously expressed opinions that Mr. Brown's death was the result of heart failure complicating a number of factors, but primarily severe coronary artery disease and recent pulmonary embolism.

Please do not hesitate to contact me if you have any further questions with regard to this case.

Sincerely,

Geoffrey Mendelsohn M.D.

Geoffrey Mendelsohn, M.D.

PHS MT. **SINAI MEDICAL** CENTER
ONE MT. **SINAI** DRIVE, CLEVELAND, **OHIO** 44106
PHONE (216) 421-4404 FAX (216) 421-3964