STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF MACOMB

ZACHARY SUNDERLIK, a minor, by his Next Friend, DAWN SUNDERLIK, Plaintiff, vs. WILLIAM BONNEFIL, M.D., MACOMB GYNECOLOGIC ASSOCIATES, P.C., a Michigan Corporation, ST. JOHN HEALTH SYSTEM - DETROIT MACOMB-CAMPUS D/B/A MACOMB HOSPITAL CENTER, a Michigan Corporation, Jointly and Severally, Defendants.	Case No. 98-5052-NH Pages 1 - 35

DEPOSITION OF MARVIN D. NELSON JR., M.D.,

LOS ANGELES, CALIFORNIA

OCTOBER 26, 2000

Reported by Laura Mellini, CSR No. 8181

PRS Job No. 3-57898

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Deposition of MARVIN D. NELSON JR., M.D., the witness, taken on behalf of the Plaintiff, on THURSDAY, OCTOBER 26, 2000 at 2:10 P.M., at Childrens Hospital, 4650 Sunset Boulevard, Los Angeles, California, before Laura Mellini, CSR No. 8181.

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EXHIBITS

(None offered)

LOS ANGELES, CALIFORNIA; THURSDAY, OCTOBER 26, 2000
2:10 P.M.

MARVIN D. NELSON JR., M.D.,
having been first duly sworn,
was examined and testified as follows:

EXAMINATION

MR. PIANIN: Let the record reflect this is discovery in the deposition of Dr. Nelson being taken pursuant to notice.

Q Would you state your full name, please.
A Marvin D. Nelson, junior.
Q Dr. Nelson, my name is Michael Pianin. I represent a child named Zachary Sunderlik in a lawsuit that he's brought. I'm going to be asking you some questions today about your opinions. If I ask you any questions that you're not clear about or any questions that you don't understand, please don't answer the question. Tell me that you're not clear or that you don't understand it.
Is that fair?
A Yes, sir.
Q I know you've had your deposition taken

before. Is that correct?
A Yes, sir.
Q You've given me a curriculum vitae, which I just received before the start of the deposition. I take it that it is current and up to date.
Is that correct?
A Well, let me take a look at it just to be sure. It's still warm from the copier.
Yes, it appears to be the most up-to-date CV I have seen yet.
Q Okay. Thank you. It's my understanding that you have been asked by the defendants to render an opinion in this case. Is that correct?
A Yes.
Q Can you tell me what information that they've given to you in order for you to review so that you can make an opinion?
A They have forwarded the neuro imaging studies on the child, consisting of an MRI scan and a CT scan.
Q Anything else?
A No, sir.
Q Did they give you the reports as well as studies or just the --
A No.
Q You just had the films?

A Yes.
Q Have you ever seen the reports?
A No, sir.
Q Have you written any of your own reports or impressions regarding your evaluation or interpretation of the films?
A No, sir.
Q Do you have the films here today?
A Yes, sir.
Q For identification what specifically did -- what specific films did they give you to look at?
A An MRI scan dated 24, April, 1997, and a CT scan of the head dated 16, April, 1999.
Q Did they give you any ultrasounds to view?
A I think that there was an ultrasound of the kidneys or something in there that -- unrelated that was in the film jacket.
Q Did you ever receive any information regarding Zachary Sunderlik, other than the films themselves?
A Just after rendering an opinion as to what I thought the films showed, then I was informed by Mr. Brzezinski about there being a question of a group B Strep infection around the time of birth, just some basic details about the child and what happened around the time of birth.

Q Is it your testimony that when you looked at the films, you had no background information in terms of --
A That's correct.
Q You have known Mr. Brzezinski for cases before this case. Is that correct?
A Yes, I have given consultations in three or four brief cases.
Q How much do you charge?
A $400 an hour.
Q How long did that take you to look at the films?
A Half an hour.
Q Is this charge of $400 an hour for all the work that you do?
A Yes.
Q Does that including testimony?
A Yes.
Q How many other cases have you worked on for either Mr. Brzezinski or his law firm?
A Like I mentioned, three or four other cases.
Q That's for Mr. Brzezinski. Does that include all the other members of his law firm?
A As best I can recollect.
I think -- I don't think I've done any cases

for anybody else in your law firm that I can remember.
Q Do you know -- when did you first start -- when was the first case you reviewed for Mr. Brzezinski?
A Three or four years ago.
Q How much medical/legal work do you do?
A In what terms? Percentage of my time?
Q In terms you want to give me. How many cases a year? What percentage of your time? Pick your own parameters.
A Well, I started reviewing medical/legal cases in 1988, and over the years I have averaged about 50 consultations a year, 50 cases a year, and, of course, they go on forever. Of those I would say there have been on average about ten depositions a year, and I've done about three trials a year.
Q In terms of percentage can you tell me the percentage that you've been doing it at the request of defendants versus plaintiffs?
A At the level of consultations, just overall consultations?
Q Sure.
A It's about 75 defense, 25 percent plaintiff.
Q In terms of depositions?
A More depositions for defense, probably 80, 85 percent defense.

Q In terms of trial?
A Probably about 90 percent defense. Most of the plaintiff ones settled.
Q Has that been constant since 1988, that percentage?
A Yes.
Q Do you advertise your services anywhere?
A No, sir.
Q Do you know how people know of you to review cases?
A No.
Q Do you know how Mr. Brzezinski knew of you to review cases?
A No, sir, I don't know.
Q Have you ever been -- testified live at trial in Detroit?
A No.
Q In the Detroit area, Michigan?
A No.
Q You said you've testified live at trial about three times a year?
A Yes.
Q Do you also give video depositions?
A Well, that's up to you guys.
Q Do you consider that testifying live at trial,

or do you consider that a deposition?
A Well, I've done it both ways. I've done video testimony for trial, and I've done video depositions.
Q When you said three times a year live at trial, you meant actually going to court?
A Yes.
Q Since you brought it up earlier, approximately what percentage of your income is from medical/legal work?
A Ten percent.
Q Do you hold any administrative positions at Childrens Hospital?
A Yes.
Q What's your administrative position?
A Chairman, Department of Radiology, Childrens Hospital, Los Angeles.
Q How long have you done that?
A I've been the -- I was the acting chair starting in February, 1998 and became the permanent chair in August of 1999.
Q If I asked this, I apologize. You have not seen the reports at all?
A No.
Q Even to this moment?
A I have not.

Q Okay. Let's start with the MRI scan. The one that was taken in '97. I take it you read it. You wrote no report interpreting it. Correct?
A That's correct.
Q You do remember what it looks like?
A Yes, sir.
Q What's your interpretation of the MRI scan?
A It's normal for the age.
Q I'm going to show you the report from Beaumont Hospital and tell me if you agree with it.
A Yes, I agree with what was stated. "No abnormality is identified." I agree with that.
Q Just so we're clear on identification, this is a report for an exam date of 4/24/1997 regarding Zachary Sunderlik, and it's a head MRI. Is that correct?
A That is correct.
MR. BRZEZINSKI: 5/24?
THE WITNESS: April. It was April.
MR. BRZEZINSKI: April is a 4.
BY MR. PIANIN:
Q You then looked at the head CT that was done on April 16th of 1999. Correct?
A Yes.
Q That would be approximately two years later --
A Approximately.

Q -- after the MRI? What is your reading of the head CT?
A The head CT is abnormal. There are calcifications in the putamen bilaterally that are fairly symmetrical. There is also a little subcortical calcification in the region of the middle frontal gyrus of the right frontal lobe. I would say there's a slight prominence of the lateral ventricles and the cerebral sulci.
Q I'm going to show you the written report from Beaumont Hospital and ask you if agree or disagree with the finding of the radiologist.
A Okay. Well, let's take this line by line.
Q All right.
A He has (reading) pre and post contrast axial CT scan of the head were obtained. That's correct. The ventricular system and basal cisterns are normal. I would say top normal at best, if not moderately enlarged. Upper limits of normal or maybe slightly enlarged would be my interpretation.
Q Of the lateral ventricles?
A Of the lateral ventricles and sulci. There are no signs of acute intracranial pathology. I have no idea what that means.
Abnormal calcifications are noted in the

region of the basal ganglia bilaterally and subcortical white matter of the frontal lobe on the right side. That's what I mentioned. Although I was more specific instead, of giving the exact location. They are specific in the putamen, which is nucleus in the brain, the base of the brain.
No abnormal parenchymal enhancement is noted on the post contrast studies. I agree.
The exact nature of these calcifications are not clear. You can never exactly define the nature of the calcifications. It can be seen in patients with toxoplasmosis, rubella, cytomegally virus and herpes -- that should be cytomegally virus and herpes encephalitis, granulomatous disease, metabolic disease, et cetera.
That pretty much covers it -- most things. That's not the entire list, but it's most things.
The skull base and calvaria are unremarkable. I'll accept that.
Impression. Abnormal calcifications noted involving the basal ganglia bilaterally and the subcortical white matter of the frontal lobe. There are no signs of acute intracranial pathology. No other definite significant abnormality is identified. The posterior fossa structures are normal, and there are no

signs of hydrocephalus. The periventricular white matter appeared to be preserved.
That's not really an impression. He's restating his findings, and he's adding some new findings, but not really giving an impression at all.
C minus.
Q I wasn't really asking you to grade the radiologist.
A You're asking me if I agree with the report. I think he has correctly identified the calcifications that we talked about, but I don't think he's really given -- he hasn't really provided much help to the referring physician who asked for the study as to what's going on.
Q So we see it, the referring physician is who?
A Let's see. Referring physician.
Q That's up on top.
A That's patient name there.
Q Right below there.
A Ernestina S. Mac.
Q Yes.
A That looked like the mail room person from the way that was -- looked -- put there. All right.
Q Going away from your grading of his actual writing, do you agree that the periventricular white

matter appear preserved?
A Well, as best I can tell from the CT scan, it looked to be normal.
Q So you agree with that finding?
A Yeah, generally, I would agree with that.
Q Okay. Do you agree that the posterior fossa structures are normal, and there are no signs of hydrocephalus?
A I would agree that there's no signs of hydrocephalus, and the posterior fossa structures appear to be normal as depicted on this CT scan.
Q Would you have anything to indicate that the posterior fossa structures are abnormal in any other study?
A No. They were normal on the MRI as well.
Q So you agree with that finding?
A Yes.
Q The abnormal calcifications involving the basal ganglia bilaterally -- you said that they are involving the putamen?
A Yes.
Q The putamen is a portion of the basal ganglia?
A It's one of the nuclei that are included under the general description of the basal ganglia.
Q There is calcification in the subcortical

white matter in the frontal lobe?
A Yes. One focal calcification in that region.
And all of these are new since the MRI exam.
Q Obviously, none of these were found on the MRI since you found the MRI was normal?
A That's correct.
Q You said there was a slight prominence in the lateral ventricle?
A Ventricles, yes.
Q That is not reported in -- by the physician at Beaumont Hospital. Correct?
A He thought they were within normal limits.
Q You don't agree with it?
A I think they're mildly prominent, but I don't think there's hydrocephalus present. They're not obstructed and not enlarged on that basis.
Q You think they're larger than they should be?
A They're right in that borderline territory where they're in the upper limits of normal, mildly enlarged.
Q I take it, as part of your practice, you regularly read both CT scans and MRI scans?
A Yes.
Q What's the difference between them?
A What's the difference?

Q Yeah.
A Between a CT and MRI?
Q Not in terms of -- obviously the -- I'm not talking about the type of machine. I want to know in terms of what can one see better versus the other. What can one see not as well as the other?
A A CT scan is done using x-rays that pass through the head to make a computer-generated picture of what's contained within that volume of tissue included on that scan. So it's looking at the continuation of an x-ray beam. So things are measured in terms of continuation value, or some people call it a density of tissue. The denser the tissue, the more obstructs the passages of the x-rays.
So the things that are extremely dense look bright white on our scans just by the standardization of the way we set it up. So the bones look white. The brain tissue are shades of gray in between. Air is black. Water is set at the middle point, zero. Brain tissue runs values in the 35 to 60 range.
Q 35 to 60 range of what?
A Hounsfield units. These are the artificial units that are set up the scale to make our pictures. What CT is excellent at doing is finding blood that's extricated out of the vascular system. It's excellent

at structural detail, anatomic detail. It is exquisite for finding calcifications in the brain.
Q Calcifications would appear white?
A Right. They appear white on the regular brain, like on this case they are white.
Q That's because they're denser?
A It's dense. It's calcium. It's dense.
Magnetic resonance imaging uses magnetic fields and radio frequency waves of the frequency between the hydrogen oxygen bond in water. That's where the resonance comes in. You make the water molecules dance around by adding that resonant frequency, and when they snap back in alignment to the field, they give off an energy that we use to make the images.
Depending on how we make them dance around, makes the difference on how the image looks. That's where the things you've heard about T1, T2 images comes around.
MRI is excellent at looking at the three-dimensional structure of the brain because we can angle the plane and look at any direction without making the patient contort to fit the scanner. It's all done electronically. It's excellent at looking at myelination, which we don't see well with CT.
Q Myelination meaning?

A Meaning white matter development, meaning laying down the fatty sheath that's insulation around the axons developing in the central nervous system.
You got that?
It is excellent at looking at congenital malformations in the brain.
Q Like Chiari?
A Chiari malformations, migration abnormalities, all kinds of things. It's excellent at looking at damage to the central nervous system, areas of the necrosis and subsequent -- how it heals and leaving scars behind.
Q So if, for example -- you said that the CT was good at looking at the blood, if blood has come out in the brain?
A Yes.
Q Would an MRI be good at that?
A MRI is not good at finding subarachnoid hemorrhages. It's very good at finding parenchymal hemorrhages. The blood is kind of pooled there, and it leaves hemosiderin stain on the MRI that is present virtually throughout the patient's life.
Q So for some blood that gets outside of the system, it might be good; and for some you couldn't see it?

A Right. Like in a subarachnoid hemorrhage from an aneurysm. MRI is very poor at detecting that. CT picks up very small amounts.
Q You said that the CT was good for some structural -- looking at structure?
A Yes. But between the two, MRI does it better.
Q Calcifications --
A Calcifications are better seen on CT. Big lumps of calcium, like are present on this CT scan, you will see on the MRI because it's solid. It will have a signal void if it's big enough on the MRI. Things have to be in solution to see them on the MRI. But you will see the holes where the calcium sits.
Q Small lumps of calcium you might not see?
A Small little flecks you wouldn't see, but the calcifications present on this CT scan you would see on the MRI scan.
Q So the big calcifications as were -- as you saw in the CT of Zachary in 1999, if they did an MRI, you would see that?
A Yes.
Q But if they were little specks of calcium, you might not see that on the CT?
A They might not be seen, but there are often other markers around that subject that there's necrosis

or damage in the tissue that you would see other things. You just might not see the calcification.
Q Sometimes you might; sometimes you might not?
A Yes.
Q According to the record, when the MRI was originally ordered, it was ordered to rule out leukodystrophy?
A Yes.
Q Would an MRI be a good modality to rule out leukodystrophy?
A Yes. It probably would be the method of choice.
Q Did this, in your opinion, rule out leukodystrophy?
A Yes.
Q If there was leukodystrophy, what would you expect to see on the MRI?
A I would expect to see areas of abnormal or deficient myelination.
Q You didn't see any of that. Is that correct?
A No.
Q Is that correct?
A That's correct.
Q In both of the studies, both the MRI and CT, you found no malformations or abnormal actual structure

in the brain. Is that true?
A I did not.
Q That's what -- by looking at both the MRI and CT. Zachary had a normally developed brain in terms of structure?
A As best can be determined by an imaging study.
Q Now, in the MRI report -- I'm sorry. In the CT report from 1999, the radiologist, Dr. Noujaim, lists a number of things that potentially could cause some of these changes that you saw, and I want to go through them with you. Okay?
A We're talking about the CT scan, not the MRI scan?
Q I apologize. The CT scan of 1999. The first thing he mentions is toxoplasmosis. You saw that?
A Yes.
Q When you looked at the CT scan of 1999, did the possibility of toxoplasmosis cross your mind?
A No.
Q Why not?
A Because the calcifications present in toxoplasmosis have a different appearance than were present on this scan, and they have a different pattern of distribution.
Q So based on your look at the CT scan, you

and it produces a global encephalitis. So at this point you would expect to see a global atrophic brain. Not the pattern that's present here.
Rubella can give you multiple tiny little puny calcifications scattered throughout the brain in no particular distribution, also which is not present here.
What else did he put there?
Then he put the general metabolic distributor. Yes, I agree with that. In my opinion, if I were looking at the scan with the referring physician, I would say you need to do a metabolic workup on this child.
Q You think there's a possible metabolic cause?
A I think that this child -- there's a good possibility that this child could have an inborn error of metabolism.
Q You agree with the possibility of one of the things he lists?
A Yes.
Q Do you have an idea which inborn error of metabolism?
A I would tell them to focus their attention on the aminoaciduria like propionicaciduria, methylmalonicaciduria, and particularly on the mitochondrial ATPase, the respiratory chain enzymes

don't believe this child suffered from toxoplasmosis?
A No, I don't.
Q Is that correct?
A I do not.
Just in general, what he's doing is he's giving the garden variety list of things that cause calcifications in the brain, one of which are congenital infections. So he's reading down the congenital infections list as possibilities without really giving much thought to it.
Q I don't know how you would know he wouldn't give much thought to it, but I'll accept your comment.
A Do you want me to explain why?
Q Sure.
A Because toxoplasmosis, like I said, not in this distribution -- in the calcifications, don't look like this. Cytomegally virus -- these are not the calcifications of cytomegally virus infections. The calcifications have a different appearance and different distribution.
Cytomegally virus calcifications are small and subependymal in distribution, likewise, are not this apparent on this CT scan and not in this distribution.
Herpes in a neonatal herpes infection typically does not give you calcifications in the brain,

present within the mitochondria.
Q So the two things you think you would want to focus on are the amino acid abnormalities and the abnormalities of the mitochondria?
A Yes.
Q Can you state within a reasonable degree of medical certainty whether Zachary has a metabolic disorder?
A No.
Q Do you have an opinion of whether there's one metabolic disorder that's more likely to have been in Zachary than another metabolic disorder?
A Again, I would say, first, do the mitochondrial analysis, and then, second, do the amino acid panel, if you're looking for abnormalities.
Q By the "mitochondrial analysis," you're talking about diseases like Meerf -- Feerf (phonetic), I believe?
A That's one of the things that it could be. That's a specific syndrome that you're talking about that's associated with mitochondrial abnormalities.
What you would need to do in this particular case is get a sample of his blood, and they go and they take the mitochondria out of the white cells and do an analysis of the cycloDNA (phonetic) that's present

within the mitochondria, looking for the specific genetics that produce these abnormalities.
Q If that were done and it were negative, what would you then do?
A Then I would press on and go to the amino acid panel and, obviously, this all should be done in the context of having been evaluated by a geneticist, who probably could point to things much better than I can, from having done a clinical exam and the appropriate laboratory tests that match up with the abnormality.
Q If that were done -- the amino acids were looked at and that was negative -- what would you think?
A Then I would say you need to keep looking until -- you're looking at some of the other inborn errors of metabolism, screening panels, ureal cycle defects.
Q You believe it would be possible for Zachary to be tested by a geneticist and have no positive findings. You believe that's possible?
A Yes.
Q Then what would your opinion be?
A It means that they were not able to identify what his particular problem was and, unfortunately, that happens.
Q So you can't testify more likely than not that

he, in fact, does have a metabolic problem, can you?
A I think his imaging studies point in that direction, but I can't, you know -- that would all have to be confirmed with the appropriate laboratory tests.
Q My question to you is you can only testify as to what your opinion is based on the scan. Correct?
A That's all I can testify to, period.
Q You can't testify more likely than not that... Zachary does, in fact, have an inborn error of metabolism?
A No, I would leave that for the appropriate specialist to talk about that.
Q So you agree with my statement that you could not testify more likely than not that he, in fact, has an inborn error of metabolism?
A That's correct.
Q Are you familiar with Fahr's disease?
A Yes.
Q Do you think he has Fahr's disease?
A Fahr's disease is really a wastebasket disease of exclusion -- once you've ruled everything else out, and you have calcifications in the basal ganglia, they call it Fahr's disease. So I don't use that diagnosis because I think there's always a cause, even if you can't find it. So I don't agree with that diagnosis.

Q I want to talk to you for a minute about an infection. Okay. I take it you're familiar with infection in newborns?
A Yes.
Q If a newborn gets an infection, let's talk about a specific kind. Let's talk about group B Strep infection. Can that infection cause calcifications in the brain?
A Anything that can cause necrosis of brain tissue can cause a calcification.
Q The answer is yes?
A The answer is yes. Group B is a particularly nasty organism and, yes, it can cause calcifications. Most typically, it's not associated with any particular pattern of calcifications like some of the other congenital infections are.
Q So generally if -- generally speaking, if a child had a group B Strep infection, the child could get calcifications in the brain, and it can be in different areas of the brain?
A Well, typically, a group B Strep infection wipes out the white matter. Particularly nasty to the white matter in the baby brains, and you end up with a brain in which the cortex is by and large left intact with all the white matter shell you had out of it.

There may be some little calcifications left amongst the little bits and pieces left. But it's not the pattern of injury that's present on this brain.
Q You said "typically." That's not always how group B Strep infections attack, is it?
A Well, there are always possibilities to have things that don't go by the book. That's true of any disease.
Q The fact that this child had been pretreated before he was born -- could that have an affect on the amount of damage to the brain, or is that something outside of your area of expertise?
Well, I think if this child's brain were damaged and necrotic as a result of infection, we would have seen it, first of all, on the first MRI. These changes we're seeing here happened between that MRI and this scan. So anything that happened around the time of birth -- these calcifications are not related to anything from the time of birth, period.
Q You agree that if there were some calculations due to some damage by group B Strep at birth, it's possible that an MRI taken at ten months would not have seen it, but if a CT scan had been done at the same time, it would have seen it?
A I think that to be highly unlikely.

Q It's possible?
A Anything is possible.
Q What do you believe has caused the slight prominence of the lateral ventricles?
A I think it's very difficult to say specifically what it's due to in this case. I don't know if it's a slight loss of volume of brain tissue or if there's a slight imbalance in the production and absorption of cerebral spinal fluid. At this age it could be either one, and I couldn't tell the difference.
Q Would a metabolic disease cause it?
A Yes, a metabolic disorder could be responsible for interfering with the normal amount of white matter produced, which could make the ventricles appear slightly bigger.
Q Could damage at birth cause it?
A Yes, but then you need to look for the -- are you referring to -- tell me what you mean by "damage at birth."
Q Any kind of damage at birth, be it bacterial, viral.
A Well, sure, depending on if you got a viral encephalomyelitis as necrosis of brain tissue, then you can have volume loss and ventricles be bigger. Then, again, those usually occur in specific areas of

distribution. I would expect on that MRI for there to be more cortical injury melting away at the gyri, which is not present here. The cortex seems to be perfectly preserved. So I don't think that's present in this case.
Q I want to talk for a moment about the putamin.
A Putamen.
Q P-u-t-a-m-i-n?
A P-u-t-a-m-e-n, that's singular. Putamin, that's plural.
Q The putamen is a portion of the basal ganglia?
A It's a nucleus within the base of the brain. By "nucleus" I mean it's a defined cluster of neurons. A ganglia is defined as a cluster of neurons in the peripheral nervous system. So this is a bit of a misnomer in calling it basal ganglia of the brain because the brain and the central nervous system should be a nucleus. Not a ganglion.
Q You said that they were bilaterally symmetrical?
A Yes.
Q Were they equally symmetrical, exactly symmetrical or generally symmetrical?
A Generally symmetrical.
Q To what do you attribute the calcification in

the right frontal lobe?
A Probably an incidental little focal area of brain injury that resulted in calcification.
Q So you --
A Cause unknown.
Q The bilateral calcification of the basal ganglia -- that's a different part of the brain than the right frontal lobe, isn't it?
A Yes.
Q Is it your opinion that you don't have an opinion as to what caused the calcification in the right frontal lobe?
A Well, no, I think that there's damaged brain there. The brain was injured, and that's where the calcifications came from.
Q What do you think injured the brain there?
A I don't know specifically why that particular area ended up being injured, but we do see that sometimes in metabolic diseases. I don't know -- since I don't know the whole clinical summary in this case, I don't know if the child ever had a brain biopsy or a ventriculostomy took place. I don't think he did.
Q He didn't so?
A So that -- that was one of these things that happened. It's in a completely different vascular

distribution than the putamen.
Q Could the calcification in the right frontal lobe be due to an infection at birth?
A I don't think so because the MRI done a year later was normal, and calcium of that chunk, if it had been caused by something at birth, would have been seen on that previous MRI.
Q If a brain tissue was injured at birth because of bacterial infection, does it usually take some period of time for it to react and become calcified?
A Sure. It goes through the whole set and sequence of necrosis and recovery and injury. But that's measured in terms of days and weeks. Not years.
Q Do you have any other opinions in this case that we haven't covered?
A No. I will not testify as to standards of care, nor the survival of the child. I will testify to what I've talked about today.
Q So have we covered all of the opinions that you have?
A Yes, I believe so.
MR. PIANIN: Give me a second just to think.
(Discussion off the record.)
BY MR. PIANIN:
Q Have you billed defense counsel for this work

already?
A I don't believe so.
Q Do you know when you first looked at this information?
A Four or five months ago. This deposition has been on again, off again, on again, off again.
Q Have you discussed your opinions with anybody other than Mr. Brzezinski?
A No.
MR. PIANIN: I'm all done.
(Whereupon, at 3:00 P.M. the deposition of MARVIN D. NELSON JR., M.D. was adjourned.)

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)
I, LAURA J. MELLINI, Certified Shorthand Reporter, number 8181, for the State of California, do hereby certify;
That prior to being examined, MARVIN D. NELSON JR., M.D., the witness named in the foregoing deposition, was by me duly sworn to testify the truth, the whole truth and nothing but the truth;
That the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me;
That the foregoing transcript is a true record of the testimony and all objections made at the time of the examination. And signature is waived.
I hereby certify that I am not interested in the event of the action.
IN WITNESS WHEREOF, I have subscribed my name this day of , 2000.

Certified Shorthand Reporter
for the State of California