IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

MICHELE M. KAY,
ADMINISTRATRIX, etc.,

Doc. 357

Plaintiff,

-vs-

JUDGE FRIEDLAND
CASE NO. 187067

FRANKLIN PLOTKIN, M.D.,
et al.,

Defendants,

- - - -

Deposition of FRANKLIN H. PLOTKIN, M.D., taken as if upon cross-examination before Susan M. Cebron, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Franklin H. Plotkin, M.D., 1611 S. Green Road, South Euclid, Ohio, at 3:10 p.m. on Wednesday, August 8, 1990, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

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On behalf of the Defendants
Drs. Hill & Thomas, J.J.
Rhoda, M.D., and K. R. Irish, M.D.

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FRANKLIN H. PLOTKIN, M.D., of lawful age, called by the Plaintiff for the purpose of cross-examination, as provided by the Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION OF FRANKLIN H. PLOTKIN, M.D.

BY MR. KAMPINSKI:

Q. Doctor, would you state your full name?

A. Franklin Howard Plotkin.

Q. And where do you live, sir?

A. 17906 Parkland Drive, that's Cleveland, 44122.

Q. Is that Shaker Heights?

A. Yes.

Q. I'm going to ask you a number of questions this afternoon, If you don't understand any of them please tell me. I'm be happy to rephrase any question you don't understand.

When you respond to my questions please do so verbally, The court reporter will be taking down what we say. She can't take down a nod of your head, okay?

A. Okay.

Q. Doctor, you've just handed me your CV and I haven't had a chance to absorb what's in it.

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Why don't you briefly run me through your educational background starting with high school?

A. Names of schools and so on?

Q. Names and dates.

A. I'm not sure I can give you the dates in high school. But Deport Clinton High School in New York City. Graduated in 1942, so it would be probably '39 to '42.

Q. Okay. After that?

A. City College of New York, '42 to '43. Washington Square College, New York University, '45, I think.

Q. Why did you leave City College?

A. I went into the service, World War II.

Q. Okay. I'm sorry. You started Washington Square when?

A. Washington Square College, New York University, 1945 I guess, or '46 through 1948, And then --

Q. You got a BA from there?

A. Yes.

Q. What was your major?

A. Psychology and chemistry.

Q. Okay. And after that?

A. State University College of Medicine Downstate,

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1948 through 1952,

That's not quite right. State University College of Medicine -- State University of New York College of Medicine, I'm sorry.

Q. All right. '52 you got your M.D.?

A. '52, yes.

Q. If you would just continue.

A. I'm sorry?

Q. If you would continue.

A. Internship and first year of residency at University Hospitals of Cleveland in medicine.

Second and third years of residency at the Veterans Hospital in Cleveland in medicine.

I started practice in 1956, was -- do you want addresses of where I was?

Q. Yes, please.

A. I was at 10900 Carnegie until 1974, at which point I came out to 1611 Green Road, Cleveland, 44121.

Q. All right. The letterhead that you gave me that your CV is on has Cleveland Physicians, Inc. Is that a corporation that you are an employee of?

A. Yes.

Q. All right. Are you also a shareholder?

A. Yes.

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Q. And how long has that been the corporation that you have practiced for?
A. Let's see. No. That's going to have to be a guess.
Q. Give me your best estimate.
A. Yes. 1978, I think.
Q. Okay. The people listed on the --
A. No, that's an old letterhead,
Q. Okay. How many employees are there currently?
A. There's one Ph.D. psychologist and there are, and I have to count this up everytime, three, seven, that's 10 and 5, 15.
Q. Doctors?
A. Yes.
Q. Okay. Were you an employee of a corporation prior to Cleveland Physicians, Inc.?
A, No. I was in a partnership.
Q. With whom?
A. My brother.
Q. Chester Plotkin?
A. Yes.
Q. You're board certified in internal medicine?
A. That's correct.
Q. '62, and recertified in '76?
A. That's correct.

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Q. Was there a requirement for recertification or was that voluntary?
A. That was voluntary.
Q. Did you pass your certification the first time?
A. Yes.
Q. And recertification?
A. Yes.
Q. Do you have any subspecialty within internal medicine?
A. Not really.
Q. Would you explain for me what internal medicine is as it relates to your practice?
A. Yes. Basically it can be defined in a negative way. It's a nonsurgical specialty. It deals with the diagnosis and treatment of disease other than surgery of any sort.
Q. Well, disease of any sort is pretty all encompassing.
A. No surgery of any sort,
Q. Say it again. Nonsurgical specialty involving the diagnosis and treatment of --
A. And treatment of diseases without surgical treatment of any sort.
Q. All right, That does not limit itself to any portion of the body then, or any organ system?

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A. No. It does not limit itself, except that there are areas of specialization and procedures that are done by these people in those areas that require that we refer patients to these people, and this is also in the area of internal medicine. So that we will send people to gastroenterologists for endoscopy, endocrinologists, pulmonologists,

Q. What would you send somebody to a pulmonologist for, for example?

A. Chronic obstructive pulmonary disease, tuberculosis, various other diseases of the bronchial tree of the lungs,

Q. Possible lung cancer?

A. Possibly for testing. I think that after that they would be more properly seen by an oncologist.

Q. What kind of testing would be done for lung cancer?

A. For lung cancer?

Q. Yes.

A. Either bronchoscopy and transbronchial biopsy, bronchial washings and brushings, and possibly a thoracotomy, open lung biopsy,

Q. What is your relationship, if any, to Hill &

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Thomas, which I understand has a lab also in this building?

A. Yes.

Q. What's the relationship?

A. They're our diagnostic x-ray in the sense that this building has an orthopedic department, it has a general surgery department, it has an OB/GYN and so on, and these are the people we generally use. We almost never refer outside the building.

We have an imaging department, which is not Hill & Thomas, that we use for CAT scans and ultrasounds and so on, and Hill & Thomas is the x-ray department.

Q. Okay.

A. They are a department in the sense that they are in the building. We don't own them or anything like that.

Q. When you say in the building you're talking now about 1611 South Green Road where we're at now?

A. That's right.

Q. And what's the name of this building? Does it have a name?

A. University Suburban Health Center,

Q. And who owns the building?

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A. Well, that would have to be a compound answer. We all have shares in the building.
Q. When you say "we all", are you speaking now of the physicians that --
A. The people who occupy a unit have a share in the building.
Q. The equipment that Hill & Thomas uses, who owns that?
A. That's a corporation, and I can give you only a little on that because I have really long since forgotten the details of it, but it's a corporation that owns the equipment for both the laboratory and the x-ray, a separate corporation.
Q. What's the name of it, do you know?
A. I don't know. I can get it for you. I don't have it on the tip of my tongue.
Q. Is it the same corporation that owns the building?
A. No.
Q. Are you related at all to that corporation?
A. No, I don't think so. I really can't answer that, Mr. Kampinski, so don't hold me to it. If you really need an answer to that I can get it for you.

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Q. Okay. In any event, you would use them for diagnostic -- x-ray diagnostic purposes for your patients?

A. Yes. Generally speaking. Mot so much them because they have been able most of the time to get our tests, but every once in a while we'll send patients out for scanning or anything else if there's an urgency to it and they haven't the time for it.

But generally speaking we use them almost exclusively.

Q. Okay. Have you been sued before, doctor?

MR. GROEDEL: Objection. Go ahead.

A. Yes.

Q. If you would, tell me when and where.

MR. GROEDEL: Objection. Go ahead and answer, doctor.

A. Many, many years ago I was named in a suit that was actually a patient of my brother's who I had seen a few times in the office. So I was named also.

Q. What was the name of the patient?

A. I don't know.

Q. Was it here in Cuyahoga County?

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A. I'm sorry?
Q. Was it in Cuyahoga County?
A. Yes.
Q. And what were the allegations?
A. The patient had regional enteritis. Also had some rather severe psychiatric problems, and my brother felt that the weight loss and the loss of appetite and the diarrhea was due to that, and it turned out later that he also had reached an enteritis,
Q. What was the result of the suit?
A. That was settled for a small amount, I can't remember. This is a good 25 years ago,
Q. Okay. Any others?
A. Yes. There was one other a couple years ago where a woman came in with an infected finger and I attempted to treat that, and it didn't get treated -- I mean it didn't clear up, and an x-ray report showed osteomyelitis and she sued for inadequate treatment.
Q. What was her name?
A. I'm sorry?
Q. What was her name?
A. I don't remember that one either. I could find out for you.

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Q. And how long ago was that?
A. Probably four or five years ago, three or four years ago.
Q. And how did that conclude?
A. That was concluded with a small settlement, really small.
Q. Any others?
A. No.
Q. You have testified as a witness in cases, I take it?
A. Yes.
Q. As an expert?
A. Yes.
Q. Do you have a list somewhere that you would keep of those cases?
A. No.
Q. Have you ever testified in a case involving failure to diagnose lung cancer?
A. No, I don't think so.
Q. Have you ever testified in a case involving failure to diagnose cancer?
A. No.

Now, could I clarify something? Does this also mean just reading a case over and writing a letter?

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Q. Yes. Reviewing.
A. When you say testifying --
Q. Yes.
A. That may be. I don't really know.
Q. Would it have been for plaintiffs or defendants?
A. Well, the letters would have been in almost every case for insurance companies,, *so* that would be defense,

There were some letters written for patients, that would have been plaintiff,

I have appeared in court, I think one of the few times 1 have it has been for defense.
Q. Okay. Do you recall those occasions?
A. No.
Q. Ever on behalf of Reminger & Reminger?
A. No.
Q. How about Jacobson, Maynard, Tuschman & Kalur or their predecessor, Nurenberg, Plevin?
A. I appeared in one case for Nurenberg, defense.
Q. The Durett case?
A. I'm sorry?
Q. The Durett case?
A. Durett was the --
Q. Plaintiff.
A. Oh, I don't remember. It was against a

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physician at Suburban Hospital. Is that the Durett case?

Q. Yes. Any others that you recall?

A. No.

Q. Have you had a chance to review the x-rays in this case, doctor, since the lawsuit was instituted?

A. I have reviewed copies of the x-rays. The x-rays themselves were removed. So I never did get a chance to see them, but I did get to see the copies.

Q. Would you like to see the originals?

A. I would, but not right now.

Q. Why not?

A. Because I would like to get this over with.

Q. Well, we may be here for a while in any event.

A. Okay.

MR. GROEDEL: Can you look at them?

A. Well, I can look at them.

Okay. Do you have the lateral x-rays?

Q. No, I don't have them. These are the only ones I have with me.

A. Each one comes with a lateral, too,

Q. These are the only ones I brought with me.

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A. Okay.
Q. Is there anything different in the originals that you didn't see in the copies?
A. Well, the copies are very contrasty, there is not the detail. These are very black and not very white. So it is even hard to make it out as well as this. I am not really a radiologist.
Q. Did you ever review the x-rays prior to the initiation of a lawsuit?
A. No.
Q. In other words, when you ordered them --
A. Actually, this is the first time I seen them, because the only ones I reviewed are these copies.
Q. I understand. My question is, though, when you ordered them in 1986 did you look at them at that time?
A. No, I did not.
Q. So I take it you would have relied then on the interpretations of the radiologist?
A. Yes.
Q. Was there anything in those interpretations that led you to believe that a differential diagnosis of lung cancer existed?
A. Well, in May, on May 5th the conclusion was that

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one could consider interstitial fibrosis, granulomatous disease, collagen vascular disease, and the outside possibility of lymphangitic spread of tumor.

Q. I can read it, also. I guess my question is, did that suggest to you that there was the possibility of the existence of lung cancer in Mrs. Margolis?

A. No. Certainly not strongly. I mean there is, as you say, a differential diagnosis here,

Q. And --

A. So if somebody is being complete and says on the outside chance it could be lymphangitic spread, it did not light up any bulbs, no,

Q. Well, did you rule out the existence of tumor in Mrs. Margolis?

A. No.

Q. Then in terms of this differential diagnosis, how would you as a primary treating physician deal with that differential?

A. Well, Mrs. Margolis came in with a cough that had been going on for about 10 days, and I sent her down for the x-ray and got that differential.

At the time I explained to Mrs. Margolis

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that there was some changes in her x-ra that this had to be worked up because I sure what it was. There was some possibility that maybe her cough, that there was some underlying reason for her cough on the x-ray, and 1 urged her to come in for physical examination to start a diagnostic process.

I also asked her to come back in a week for a repeat x-ray, or two weeks, it must have been two weeks. And by that time she was feeling well.

We repeated the x-ray. The radiologist seemed to think it was about the same, maybe a little clearer on the right. And, again, I said look, I don't really know what's causing the change in the x-ray, but 1 would like you to come in and we'll set aside some time and get a complete physical examination, lab work and so on.

Q. And did she?

A. No, she did not.

Q. You told her that when?

A. I told her both times. I told her on May 5th and again on May 20th.

Q. Well, when she came back May 20th, I mean, did

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you, in fact, do an examination or workup?
A, No.
Q. Why not?
A. Because she didn't make an appointment then.
Q. She came in without an appointment?
A. No. She came in with an appointment for an office visit. She actually came upstairs after having her x-ray. So perhaps that was the primary reason for coming in. And so I had her come in and listened to her chest, talked to her again, explained this and asked her to make an appointment, but she didn't, which she did not do.

I told her that we wanted an x-ray repeated in a couple months, and to make the appointment, and that's all I could do.

Q. Was it?
A. Yes.
Q. The June 12, '86 x-ray report, what was that for?
A. June 12, 1986 report was an ultrasound that was ordered by Dr. Trina Lucas, who was her gynecologist, and a copy was sent to me and to Dr. Johnson, who is a surgeon. I really have no details about that.

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But anytime I get any x-ray reports or ultrasound reports I like to put them chronologically in the chart so I can see them.

Q. Why --

A. I do have the original, if you need it.

Q. Yes, I'll get to that in a minute.

A. All right.

Q. October of '86, why was that x-ray done?

A. That was the x-ray that was supposed to be taken in July of '86.

Q. I'm sorry, Where does it indicate that she should get one in July of '86?

A. In the note of May 20th it said get x-ray in two months, that was in May. So that would have been July.

Q. Okay. When you got that report what did you do?

A. I didn't see the patient at that time. She simply came in and I got the report. The report itself was one of a chronic process, which the other one was as well.

I can't tell you what I did. I don't know whether I called the patient or what. It was getting a little discouraging because I had already asked her twice, because I had asked her twice to come in for a complete diagnostic

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workup.

You asked me before what would be -- what would you do to workup a cancer of the lung, and I told you that you would do various things like pulmonary function tests or bronchoscopy and so on.

What you do is you start off with the patient, you work with the patient, do blood tests and anything that you feel is necessary to establish the baseline for the patient, and then you get whatever specialized tests you feel are necessary to get a better diagnosis, and this was this diagnostic workup that had come to a screeching halt.

Q. So you don't know what you did when you got this x-ray on October of 1986?

A. No. Unfortunately, I don't,

Q. Well, does the fact that there is nothing in the chart indicate that you did nothing?

A. No.

Q. Well, what does it indicate?

A. It indicates that there is no note in the chart. I am answering quite honestly I don't know because there is no note and this is back in '86. I can't tell you what happened.

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Q. But you remember what happened in May of '86, but you don't in November of '86?
A. Well, in May of '86 I have a note.
Q. Could you read the two notes for me, please, May 5th and May 20th?
A. All right. This is May 5th, 1986. Acute respiratory infection started 10 days ago. Felt chilly, parentheses, but didn't take her temperature, end of parentheses. Was coughing violently but nonproductive until the last day or so when the sputum became yellow. Taking hycodan.

Physical exam, temperature 98.2. Chest is clear. Recommendation, chest x-ray, that's one. Two, throat culture. Three, return for physical examination.

Q. Okay. Next to throat culture it's got negative and a zero and a slash?
A. Same thing.
Q. I'm sorry?
A. The throat culture was negative,
Q. In other words, you wrote the results afterwards?
A. I wrote the negative and the secretary actually wrote the --

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Q. So she got the chest x-ray, right?
A. Yes.
Q. And then it has got return for physical exam?
A. Yes.
Q. She did return May 20th, correct?
A. Do you want me to read the note?
Q. Yes, please. I mean, she --
A. This is May 20th, 1986. Doing well. Got an x-ray today. Probably no change. Waiting two months for next x-ray,

Physical exam, blood pressure 136 over 80. Chest clear. Recommendation, get x-ray in two months. Return for physical examination.

As I said, I think that the sequence judging from the note was that she got the x-ray and came upstairs, and I examined her at that time, and it probably was without an appointment.

Q. So that if I understand correctly, when she was there May 5th you examined her before she went down for the chest x-ray?
A, That's right.
Q. Who would have told her to return for another x-ray on May 20th, if anybody?
A. I would.

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Q. Well, okay. So she would have returned after the x-ray'or you would have called her or --
A, No, no. She was instructed to come back for an x-ray.
Q. Okay. And she did?
A. Yes.
Q. So then she would have come for the x-ray on May 20th, came up to your office, said I have the x-ray, and you just by happenstance would have been free and examined her?
A. No, it was not by happenstance,
Q. So she had an appointment then?
A. No. She was there and I was concerned, and so I listened to her chest.
Q. Well, did you schedule an appointment for a physical examination on either of those occasions?
A. No.
Q. Can I see your original, please?
A. Sure.
Q. All right. So you would have received then the x-ray report after you saw her, correct?
A. The written report.
Q. Yes.
A. Yes. I called down.

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Q. While she was in your office?
A. Yes. Or they called up.
Q. Who did you talk to?
A. I don't know.
Q. What did they tell you?
A. Well, they told me that there probably was no change, because that's what I put down.
Q. So you still didn't know the etiology of the problem?
A. No.
Q. What did you know about her history?
A. Previous history?
Q. Sure. As it related to this congestion problem.
A. I knew very little about how it related to that. She had a heart attack in 1984,
Q. Was she a smoker?
A. She smoked a pack and a half to two a day. She was smoking for about 30 years.
Q. Had she quit at the time?
A. She quit after her heart attack.
Q. So you knew that she was a smoker?
A. Uh-huh.
Q. You knew that she had some changes in her lungs?
A. Uh-huh.

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Q. Right?
A. Uh-huh.
Q. Did you suspect that she had possibly lung cancer at that time, doctor?
A. No, I did not.
Q. Well, what would you have done during the physical examination?
A. Well, the physical examination has a certain number of benefits. One of them is that you set aside a great deal of time. You question patients, *go* through a review of systems that's fairly searching so that the patient herself doesn't have to think of things to tell you, but simply has to answer questions, and this gives them a chance to get into a discussion of symptoms and *so* on.

The examination goes from the blood pressure all the way to head and neck, chest, abdomen, pelvic, rectal, extremities, et cetera. I mean you are looking for things that the patient may not have found or couldn't find.
Q. So this was not specifically related then, your request to her for physical examination was not specifically related to following up on the x-ray findings, but rather doing an entire

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systems check?
A. Oh, no. It was. It was related to the fact that she had come in and had an abnormal x-ray.
Q. Yes.
A. It very definitely was. I mean, this would be the way most doctors that I know of would start their diagnostic workup.
Q. Well, I mean, were you going to have a bronchoscopy done?
MR. GROEDEL: Objection.
A. I can't even answer that, Mr. Kampinski.
Q. Well, you said you refer to a pulmonologist?
A. I might.
Q. In other words, you wouldn't do that?
A. No.
Q. You wouldn't do that during the physical examination?
A. No, I would not.
Q. When is the last time you did a physical examination prior to this?
A. On her? 1977,
Q. Nine years earlier?
A. Uh-huh.
Q. Why hadn't you done one in the interim?
A. I guess for the same reason I hadn't done one in

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1986.

Now, you said did I schedule her for a physical examination. The fact of the matter is that I probably sent her up to my secretary with the instructions to please make an appointment for a physical exam, and quite apparently she didn't.

Now, that's perfectly okay. An adult patient who is intact and so on may want very much to go home, see her schedule, do something, and call in for a physical exam. So I wouldn't herd her up to the desk and make her commit to a date. But I expected her to respond to my request to make an appointment for the physical exam.

MR. KAMPINSKI: This is my associate, Mr. Mellino, doctor.

Q. I'm sorry. Did you answer me as to why she hadn't had one between '77 and '86?

A. No. I just simply pointed out that even at a time when I had explained why I felt that a physical exam was necessary she did not make the appointment. She evidently did not make -- did not like the idea of periodic physical exams.

Q. Well, for example, in 1978 she saw you, I

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believe, on one, two, three, four, five, six occasions.

A. Uh-huh.

Q. And she appears to have seen you at least once every year?

A. Uh-huh.

Q. And, for example, in '84 she saw you once, twice, three times, four times?

A. Yes, in '84 --

Q. Five times?

A. In '84 she came in more frequently.

Q. Well, so it wasn't that she didn't like you. I mean she came to see you on numerous occasions, right?

A. Uh-huh.

Q. Correct?

A. Correct.

Q. Were any of those physical examinations, complete physical?

A. No. The only physical examination that she would really have had was in August -- or rather in July, 1984, when she had a physical workup while she was in the hospital with a heart attack.

Q. So that wasn't even in your office?

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A. No, it was not.
Q. Did you schedule her for the x-ray in October of '86?
A. No.
Q. Who did?
A, I don't know.
Q. Well, you got a copy of the report, and it's your testimony that you don't recall what you did after you got it, right?
A. That's right.
Q. Your next note is November 7th of '86. Would you read that for me?
A. Yes. Long talk with daughters regarding her apparent hearing loss and maybe some behavioral things as well. And the recommendation was sort of puckishly, maybe a checkup might be in order, that was number three.
Q. Is that your comment or theirs?
A. No, it's mine.
Q. Did they call you or did you call them?
A. They called me.
Q. Did they come in and talk to you?
A. Yes.
Q. Sat down with you?
A. Sat down in my office,

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Q. Do you have a recollection of what was discussed at that tkme?
A. Yes. As I recall, I don't recall in great detail, but they were troubled by certain things that Mrs. Margolis was doing. She was forgetful, she was argumentative at times, and not willing to accept some of their recommendations os suggestions. The question came up of whether this was pure hearing loss and inability to hear so that sometimes she disregarded what they had to say, or whether there was some problem beginning to emerge such as senility or Alzheimer's disease or something like that.
Q. Was there any discussion, doctor, about continuation of chest discomfort or chest problems?
A. Yes. We discussed again the idea that she might come in for diagnostic workup.
Q. Well, I mean, who brought that up?
A. I did.
Q. No, no. When I say that, I mean the fact that she was still having problems. You apparently hadn't seen her since --
A. No. I had the x-ray by that time.

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And you can imagine, I think, how frustrating it must be when you are trying to take care of somebody and they are not heeding your suggestions.

And so three times I asked her to come in, or twice I asked her, and once I asked her daughters to have her come in.

Q. I beg your pardon? You asked her daughters to bring her in?

A. To have her come in, not to bring her in.

Q. To have her come in?

A. Yes.

Q. Did she?

A. I'm sorry? Did you say something?

Q. Yes. Did she?

A. Did she what?

Q. Come in?

A. For a physical?

Q. For anything.

A. She came in on December 15, 1986. She had been watching TV and had some precordial pain,

Physical exam, blood pressure was 130 over 84. Heart sounded normal. Cardiogram showed no change from July 10, 1985. She was going to see Dr. Sorin regarding her knee, and she was going

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to Florida the following week. And that was the end of that visit.

Q. Well, what about the physical that you wanted to do?

A. Well, she was leaving for Florida.

Q. Wait, no, excuse me. Why didn't you do the physical you wanted to do then?

A. Well, in order for me to do the physical I wanted to do then I would have to ask her to come in knowing that she was going to have a physical. She was coming in for chest pains. So at the time it seemed that the chest pain had precedence over doing a routine physical,

Q. What was the reason for the chest pain?

A. I don't know. She had a known hiatus hernia, precordial pain meaning on the left side of the chest. But she also had peripheral coronary disease, and *so* she came in, the chest pain had occurred, but it had not persisted, and her cardiogram had showed no change. So I don't know what the cause of it was.

Q. Well, what did you do at that time about the findings on the x-ray as it related to the possible lung cancer?

A. Well, I think, and I really can't say this for

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sure because it is not in my notes, and I don't really recall adequately to say this, but I may have discussed with her the fact that we have been waiting to do a physical exam, her x-ray was not normal, and she may, and this is really trying to reconstruct without very good recollection, she may have told me that she was going down to Florida, she had a doctor down there and she would bring it up with him. But I don't know that for a fact.

Q. Could you indicate to me why there is nothing in your record regarding anything involving the abnormal chest x-rays at that time?

A. I'm sorry. You mean why there is nothing about that in my note?

Q. Sure.

A. I think that she came in with this precordial pain and we pretty much dealt with that.

Now, I don't know. I am saying this, Mr. Kampinski. I don't know whether we discussed that or not, because I really don't recall,

Q. Doctor, in your opinion, did the x-ray reports sufficiently alert you as a primary treating physician to the possibility of lung cancer in Mrs. Margolis?

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A. No, it did not.
Q. Okay. Do you have any opinion in looking at the x-rays, granted you're not a radiologist, but I take it part of your medical training has involved looking at radiographs, and according to one of the radiologists who I deposed, he has indicated that at times you do *go* down and look at them yourself in unusual cases.
A. Uh-huh.
Q. Do you have any opinion as to whether or not the x-rays that were taken of Mrs. Margolis in 1986 do show lung cancer?
MR. GROEDEL: Objection. Go ahead.
A. No.
Q. No opinion?
A. No. I don't think -- I don't know that. I really don't.
Q. You would leave that to a radiologist?
A. Yes.
Q. But certainly it wasn't sufficiently described to you to raise a high index of suspicion of that being the cause of her problem that she came to you in 1986 for?
MR. GROEDEL: Objection,

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A. Yes.
Q. And if it would have, would you have referred her to a pulmonologist at that time?
A. If the x-ray report had said that she has what looks like cancer of the lung, then I probably would have hospitalized her, she would have been seen by a pulmonologist and a thoracic surgeon, and probably even bronchoscoped by the thoracic surgeon, and all of this would have gone on, that's necessary once a diagnosis has really been pretty much made by x-ray, to find out more about it.
Q. And correct me if I'm wrong, I mean this whole discussion about physical examination, that would not have provided you with the diagnosis of lung cancer? I mean that can only be done with a biopsy, I take it?
A. No. It probably wouldn't have. But if you recall, on your question about the differential that was made on May 5th, there were a number of things that were mentioned.
Q. All right.
A. And the last of which was the possibility of lymphatic spread of a malignancy, not even the possibility of a primary, but the lymphatic

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spread of a malignancy, which could have been elsewhere.

So it's possible that examination of the lymph nodes, spleen, liver, there might have been some lead as to what might be abnormal.

Q. Well, when you say examination, are you talking about anything other than palpation?

A. That's right.

Q. What are you talking about?

A. No. I'm talking about palpation.

Q. Well, didn't you do that in one of the two visits in May, palpate to determine if there is any lymph node involvement?

A. No. I don't know. It is not necessarily routinely done.

Q. You saw her again in '87, July of '87?

A. Yes.

Q. Why was that? Why don't you read the note?

A. July 20, 1987. Pain in the right knee. Heartburn. I am reading these as they are, just sort phrases. Short of breath when she walks. Substernal discomfort. Heartburn. All sorts of minor complaints about the knee. The fact that she has conflicting instructions regarding her knee from Sorin, S O R I N, Froimson,

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F R Θ I M S Θ N, Spencer and Heiple,
H E I P L E ,

Her blood pressure was up prior to her surgery. Carpal tunnel syndrome on the right three weeks ago. Physical exam, blood pressure 120 over 60. Heart and lung is okay. Impression, hiatus hernia.

Recommendations, one, continue Mylanta, Procardia twice a day. Two, Feldene 20 milligrams everyday. Three, lose weight. Four, exercise.

Q. What did you mean when you said heart and lungs okay?
A. That they sounded okay.
Q. Well, what follow-up did you do on the abnormal chest x-ray?
A. At that point?
Q. Yes.
A. None.
Q. Why not?
A. Mr. Kampinski, I'm feeling to a certain extent a little bit of sense of frustration,
Q. I'm beginning to understand that, but go ahead.
A. That's period.
Q. Sense of frustration with whom for what reason?

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A. Well, I've been discussing the need for a proper and thorough examination on Mrs. Margolis, and when she came in on July 20th we dealt with a lot of different things, We spent an inordinate amount of time, as evidenced by that exclamation point, just telling me how the various doctors were somehow or another falling short. She told me about the carpal tunnel syndrome, which I had no idea about, and I was beginning to feel as if I were drifting out to the edge of her care, and that's part of the frustration.

And so I dealt at the time with the fact that she had heartburn and substernal discomfort that was apparently the heartburn, It wasn't related at the time to exertion. And I urged her to continue on antacids, to continue the drug that Dr. Sorin had recommended, to continue the Procardia, which had been recommended at the time she left the hospital in 1984. And kind of general hygiene of lose some weight and exercise, because she was sort of breath when she exerted herself, and I thought the likelihood is that she was short of breath because she was in poor condition and she was overweight.

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Q. As opposed to having a tumor in her lung?
A. As opposed to having any one of a number of things like interstitial fibrosis or -- I can't think of the other things that were mentioned, or tumor.
Q. That's not the primary treatment of choice for lung cancer, is it, that is lose weight?
A. No.
Q. You have an exclamation mark behind that. Is there a reason for that?
A. Yes.
Q. What's that?
A. Because we talked about it before.
Q. 146 pounds, was that real heavy for her?
A. For five feet tall. There are two reasons for that. One, because she did have cardiovascular disease, and, two, because she complained of it frequently, about her weight.
Q. So that the reason you didn't do any follow-up on the abnormal chest x-rays was that she had noticed or mentioned to you that there were conflicting instructions --
A. No, I --
Q. Excuse me, let me finish. -- by various doctors regarding her knee?

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A. Yes.
Q. That's the reason?
A. No, it was not.
Q. All right. Tell me again so that I understand why you didn't follow-up.
A. This had been going on since April of 1986. So I had spent a year where I had been talking to her about an abnormal x-ray and the things that had to be done, and there was no compliance, there was no response to discussion with her about that.
Q. Excuse me, doctor. Compliance with what, that is scheduling a physical examination with you, is that what you are talking about in terms of compliance?
A. Compliance means in this particular case entering into a diagnostic workup.
Q. Well, she had had the x-rays, right?
A. That's right.
Q. She had come back to see you on a number of occasions, is that correct?
A. Right.
Q. Okay. So what additional diagnostic workup would you do for the differential, at least that was suggested, and that is lymphangitic,

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possibility of lymphangitic spread of tumor? I mean, what: is it that you needed to do there, sir?

A. Well, you know, to use an analogy, this is a deposition of discovery. A physical exam is kind of a deposition of discovery. It gives you a chance to talk to the person, the patient, examine the patient, get blood tests, find out the function of various organ systems.

If it were not that the x-ray had preceded the request for this to get an x-ray, to get a cardiogram, and then with that as sort of a baseline go on to other diagnostic studies,

Q. You know, I'm sure it's me, that I'm dense and I'm confused, but once again, what is it specifically that you wanted her to do that couldn't have been done in either the May 5th, the May 20th of '86, July 20th of '87, December 15th of '86 visitations?

A. Well, November 7th she wasn't even there.

Q. I'm sorry, December 15th.

A. What is it -- I'm sorry, would you repeat that question?

Q. Sure. What specifically did you want her to do over and above what could have been done at any

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of those visits?

A. You couldn't, you really couldn't. You really have got to have sufficient time to feel that you've gone through the necessary investigation, and when a patient comes in as of May 20th having had an x-ray and comes upstairs and we have to tell her that the x-ray is still abnormal, that there are some concerns about the x-ray, that I would like you to come in for a physical, you can't do that when, number one, she probably didn't have an appointment, or, two, she had made an appointment for an office visit, which usually occupies 15 minutes. You can't do that to the rest of your schedule.

So you request of the patient that they come in and allot enough time to do it properly.

Q. Wait a second, doctor. You told me that on May 5th you had scheduled her to come back in two weeks, right?

A. Right. I scheduled --

Q. And she was back in two weeks?

A. Wait a minute, Mr. Kampinski.

Q. Yes.

A. I scheduled her to return for an x-ray.

Q. Well, but I asked you earlier if she had an

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appointment to see you or if she just popped in unannounced, and you said that she had an appointment to see me.

A. No, I did not.

Q. I think you did.

A. I don't think I did. Or if I did I modified it.

The note is, you see, got an x-ray today. She got an x-ray before she came upstairs.

Q. Sure.

A. And then I told you that on the basis of that x-ray I took the opportunity to examine her again, but she probably or possibly, and I can find this out for you, did not have an appointment.

Q. How can you find out?

A. I have an appointment book.

Q. Can you get it now?

A. Probably.

Q. Sure.

- - - -

(Thereupon, a recess was had,)

- - - -

A. We keep them for a year,

Q. You've reviewed your records pertaining to Mrs.

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Margolis, I take it, before my coming here today?

A. Yes.

Q. Could you point out other instances in her chart where she didn't do what you told her to do?

A. Yes. She didn't stop smoking until she had a heart attack. She didn't lose weight.

No, otherwise not.

Q. Well, I mean, for example, are there no shows for appointments or --

A. No.

Q. So she came to all of her appointments, is that right?

A. That's right.

Q. And when you told her to go for x-rays or various testing throughout the years that she was treating with you she went, didn't she?

A. Yes.

Q. But she chose this occasion not to return for a physical examination, is that your testimony?

A. Yes.

Q. Would you disagree, doctor, that it was Mrs. Margolis' family that urged you and requested that you try to get to the bottom of the reason that she was having shortness of breath in

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November of 1986, and that you mollified them by saying that it was nothing and that all she had to do was lose weight?

A. No.

Q. No, you wouldn't disagree or you do disagree?

A. I don't agree at all.

Q. Just *so* I understand, you did not order the October 21, '86 x-ray or suggest that she have it at that time?

A. Yes. It was suggested that she get it in two months, and she was probably given a requisition for the x-ray, which is the way our office usually does it.

Q. But I asked you earlier who ordered the October, '86 x-ray, you said you didn't know.

A. No, I didn't say that. Or at least I am trying to explain what probably happened. She was psobably given a requisition to get the x-ray or was told to get it in two months, and the only thing I can say, since I have nothing indicating anything else, that she probably brought it in and had the x-ray in October.

Q. I see. Did you refer her to anybody for her knee?

A. Yes.

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Q. Where is that reflected in your record?
A. She was sent to Dr. Sorin.
Q. Okay. Where is that?
A. I had referred her to Dr. Sorin, that was December 10, 1986. That was done over the telephone.
Q. And she went?
A. Yes, she went. There are two letters from Dr. Sorin. One when he first saw her and one about a year later,
Q. All right. There's an x-ray that I see here of the right knee in August of 1987 for Dr. Wilbur. Were you involved in any referral to him at all?
A. No. Not that I recall.
Q. So you don't know what that was about?
A. Dr. Wilbur is an orthopedic man.
Q. I understand. But you don't know why he would have ordered an x-ray for her?
A. No.
Q. 1 mean, that is something you are not involved in?
A. No, I'm not aware of that.
Q. Do you have any recollection of speaking to any of the radiologists who took the x-rays in 1986,

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that is Dr. Rhoda or Dr. English?

MR. GROEDEL: Irish.

Q. I'm sorry. Dr. Irish,

A. No, I really don't.

Q. Okay. You may have, you may not have, you just don't recall?

A. I don't recall.

Q. Is it your habit or practice to speak to the radiologist after you get an abnormal interpretation?

A. It's a matter of practice to have the radiology department call up the results from an x-say where we send the patient down for an x-ray other than routine.

Q. All right. Do you have any recollection of them doing so in this case?

A. No, I don't have any recollection.

On May 20th I put down got an x-ray today, probably no change. That would have been before the actual typed report came back.

Q. Oh, I see. And you believe that that's because you called down there or they called up?

A, They called up,

Q. All right. When the written x-ray reports which are pasted into your chart come up to your

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office from radiology, do they come to you or do your secretaries just put them in the chart or how does that work?

A. No. They usually are put on the chart, put on the outside of the chart, and we review them and then give them back, and then they are put into the chart.

Q. By your secretaries?

A. Yes.

Q. When did you find out -- well, is the last time that you saw Mrs. Margolis July of '87?

A. Yes.

Q. And you did an EKG at that time?

A. No.

Q. I'm sorry, no?

A. No.

Q. The EKG that's in your chart was done by whom, then?

A. Which one is that?

Well, I guess I did. I didn't put it on the notes.

It would have been done in our office.

Q. And the Mount Sinai Medical Center --

A. I am terribly sorry. I have the original here.

Q. I assumed you did, I got it from your records,

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A. Well, I answered that too quickly. She did, but I didn't put it in my notes.
Q. So while she was there you did an EKG, right?
A, Yes.
Q. That's something you would have done during a physical examination?
A. Yes. But there was a reason for it.
Q. Oh, sure.
A, She was complaining of substernal discomfort.
Q. The laboratory reports that are in your chart, there's one here from December of '87 with an admitting diagnosis of rheumatoid arthritis --
A. Uh-huh,
Q. -- why is it that that's in your record?
A. Well, that was Dr. Sorin --
Q. Right.
A. -- who probably got a profile of her at Mount Sinai and then sent it as a courtesy to me.
Q. So that is something you would have had done in a physical examination?
A. Yes.
Q. Blood work, chemistry?
A. Yes.
Q. Would that assist you at all in determining the etiology or the cause of the abnormalities in

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the chest x-rays?
A. I would have to look at them, Perhaps I could look at yours.
Q. *Go* ahead.
A. No, there is nothing abnormal about it,
Q. All right. How about the EKG, would that have assisted you in determining the etiology of the abnormalities on the May and October of 1986 x-rays?
A. Did it or --
Q. Yes, did it?
A. No.
Q. Okay. What else would you have done on physical examination, doctor?
A. You mean as far as tests?
Q. Yes.
A. That's probably the extent of what I would do in the office.
Q. Well, would you have done anything else outside of the office?
A. I probably would have referred her for further workup.
Q. Such as?
A. Such as pulmonary function tests, or possibly a different kind of imaging of the chest.

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Q. Did you do that on any of the occasions in 1986?
A. No.
Q. Or in 1987 when you saw her?
A. No.
Q. Well, if I understand correctly, I mean, that's aside from the EKG and the laboratory workups, correct?
A. Uh-huh.
Q. So, I mean, that could have been done by you at anytime in terms of referring her to a pulmonologist, right?
A. That's right.
Q. You didn't do that?
A. No.
Q. Why not'?
A. Because there is kind of a logical and orderly way of going about a diagnostic procedure in a chronic illness that we are trained to do and accustomed to do, and that is to examine, talk to the patient, examine the patient,, establish our own impression of the patient, do whatever tests that are available, like laboratory tests that are done here, or an x-ray that's done here or a cardiogram that's done here, and then determine what the course of action will be.

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And that's the way good internists work.
Q. Well, don't good internists follow up on abnormal chest x-rays?
MR. GROEDEL: Objection.
A. Sou want an answer to that one?
Q. Sure. I would love am answer to that one.
A. I did my level best to try to follow up on that x-ray.
Q. Well, your follow-up does not include a referral to a pulmonologist, correct?
A. That's correct.
Q. And is that not the appropriate standard of care required of an internist when he is presented with an abnormal chest x-ray, sir?
A. That would be, as I said, one of the things that we would do, yes,
Q. But that was never done?
A. No.
Q. And I take it you're saying it wasn't done because it was her fault?
A. I'm sorry?
Q. Because it was her fault?
A. No, I didn't say that.
Q. Whose fault was it?
A. Well, I don't know that it is a matter of fault,

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Mr. Kampinski. The diagnostic workup just never was done.

Q. How much insurance do you have, sir?

MR. GRQEDEL: Objection. You can answer.

Q. How much?

A. Millions, in the millions.

Q. Two million?

MR. GROEDEL: He means a million and a million aggregate.

Q. Have there been any reservation of rights with respect to your coverage in this case?

A. No.

Q. Do you have personal counsel other than that retained by your insurance carrier?

A. No.

Q. Who is your carrier?

A. Medical Protective.

Q. Do you have any opinion, doctor, as to whether or not -- I'll withdraw that.

When is the last time that you saw Mrs. Margolis?

A. On July 20, 1987.

Q. At what point did you find out that she had cancer?

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A. I don't recall that. We got a note from her asking that her records be given to her son on April 18, 1988, and that's not usually done unless there is some reason for it. I didn't know what the diagnosis was.

Q. I'm sorry. Did you talk to him as to what it was or did you talk to any physicians later on or you just handed over a copy of the records?

A. I handed over a copy of her records. Her son is an attorney, and I suspected that something was amiss, but there was nobody that called me and said what was the matter.

Q. So it wouldn't have been until after the lawsuit that you found out that she had died of cancer?

A. That's right.

Q. All right. Let me take a look at your record, please.

Has anything been removed from this chart, doctor?

A, No.

Q. Has anything been changed?

A. No.

Q. All right. The yellow pages consisting of five pages, actually they are numbered front and back, those are your office notes?

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A. That's correct.
Q. All right.' And is the writing on here your writing?
A. Yes, with the exception of a few things the secretary put in.

There is one note in there by Dr. Menges, if I may point it out to you, so there is no mistaking here the difference in handwriting.

Here.

Q. I'm sorry?
A. Dr. Menges.

MR. TERRY: What date is that, Chuck?

Q. July 24, 1984?
A. That's right.

MR. TERRY: Thanks.

Q. Is he one of your partners?
A. Yes.
Q. What -- based on the x-rays and the interpretations, doctor, what did you think was the problem?
A. Well, I was led to believe that she had a chronic interstitial fibrosis, and that's what I thought the problem was.
Q. And what's the treatment for that, if anything?

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A. It depends on the etiology of it.
Q. Well, what: did you think the etiology was?
A. I didn't know.
Q. What did you do to determine that?
A. I didn't do anything to determine it.
Could I fill that out just a little bit?
Q. Go ahead.
A. I didn't do anything to determine it, but it wasn't for the lack of trying.
Q. Sure. And once again, your trying consisted of suggesting that she schedule physical examination appointments?
A. That's right.
Q. How would you characterize her health in general in 1986 and '87?
A. It apparently was reasonably good, She had recovered uneventfully from her heart attack. She had minor complaints, at least what seemed to be minor complaints, like a painful right knee, heartburn, things like that. She was active. She was planning to move down to Florida. So she apparently was doing reasonably well.
Q. Do you have any patients, doctor, who have been diagnosed with lung cancer by x-ray?

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A. Yes.
Q. And how is it that the radiologist describes that when they make that diagnosis? I mean, if you look at an x-ray report and it came back and that jumped out at you, how would it be described in there?
A. Well, it varies, depending on how certain the radiologist is about the reading.
Q. Well, let's say the vaguest description.
A. He would usually say the patient has a mass suggestive of malignancy. Recommend follow-up x-ray or recommend CAT scan or some other way of trying to visualize it better.
Q. Okay. Something that would call attention to you as the primary physician of the possibility of that disease being present?
A. That's right.
Q. And once again, you don't believe that was done in this case?
MR. GROEDEL: Objection.
A. No.
Q. And certainly had that been brought to your attention in such a manner you would have dealt differently with this particular case, would you not?

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A. That's correct.
Q. What -- there's a letter from you, doctor, dated November 13, 1986. Would you tell me what that's about?
A. That was, as you recall, we had a discussion, the daughters and I, about her hearing. So this was she was referred to the Cleveland Hearing & Speech Center for hearing evaluation.
Q. Okay. What was your role in terms of her physician when she had her x-ray, just a referring physician, referred her to a cardiologist?
A. When she had her heart attack?
Q. Heart attack, I'm sorry.
A. No. She came into the emergency room at University Hospitals and was admitted to the coronary care unit.
Q. Okay.
A. She was seen and taken care of by the cardiologist, and as was reported to me she had a coronary catherization by Dr. Driscol. She had streptokinase intravenously, and I think I know who did it, but I'm not sure whether it was Dr. Driscol or not,
Q. Doctor, you referred her to Dr. Sorin, as you

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mentioned before, and he sent you a letter December 23, 1986 dealing with his referral, correct?

A. Yes.

Q. In the letter, let me just point it out to you, he indicates in the third paragraph, a general examination was entirely normal.

Is that the same as a physical examination as you had been trying to get her to have?

MR. GROEDEL: Objection.

A. I don't know.

Q. Did you read this when you got it?

A. Yes.

Q. All right. Did that mean anything to you in terms of the physical examination you wanted done?

A. No.

Q. Okay. And by the way, when you referred her for the knee she went, right?

A. Yes. Can I see that for a moment, please, the second one?

Okay. The opening of this is sort of illuminating. Dr. Sorin says "After a near one year hiatus I had the pleasure of seeing Rose Margolis for reevaluation,"

FORM CSR-LASER

I think that's rather typical of Rose Margolis in that she was probably asked to be seen by him more often than that.

Q. Is that --

A. I don't know that. Just an impression I have.

Q. Where was she for that year? Hadn't she indicated even in your office record that she would be gone to Florida?

A. She was probably in Florida for a period of time during the winter. This is written in November. So she had been back, I assume, for several months.

Q. Anything else you want to say about this, doctor?

A. No.

Q. How long does it take to do an EKG such as what was done in December of '86?

A. A few minutes.

Q. Do you have one of your girls do it --

A. Yes.

Q. -- or do you do it? And is this a nonstress EKG?

A. That's correct.

Q. In July of '80 -- I'm sorry, Withdraw that,

Is that one of the things you would do

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normally during this physical examination, that you would'have wanted to do an EKG?

A. Yes.

Q. And you did it in July of '86 and December of '86 -- I'm sorry -- July of '87 and December of '86?

A. Uh-huh.

Q. And when you referred her to or for her hearing tests she went, didn't she?

A. Yes.

Q. Doctor, there's a note, it's not dated apparently, regarding some phone calls apparently between your office and Mrs. Margolis' son?

A. Yes. Loren Margolis said that Dr. Chambers was seeing his mother, and we left a message with Dr. Chambers, who was not in at the time, and he was to call back.

Q. I'm sorry. Who left a message?

A. Our office did.

Q. Okay.

A. And he was supposed to call back.

Q. Do you know when this was?

A. No, I don't. It wasn't dated,

Q. And it says "Very concerned about her going to

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do testing, admit, needs to discuss condition with you."

Was that Loren Margolis or Dr. Chambers?

A. I don't know,

Q. All right. But you never talked to anybody ultimately?

A. He never called back. We called and left a message and he did not call back.

Q. When you say "he," you **are** referring to **Dr.** Chambers again?

A. Yes.

Q. How about Loren Margolis?

A. I don't recall whether I had a discussion with him or not.

Q. **Do** you have your billing records pertaining to Mrs. Margolis?

A. Not in the chart.

Q. But do you have them here?

A. They are in the office,

Q. Could I see them, please?

Well, when you go, doctor, if there is anything that you have in your office pertaining to Mrs. Margolis other than the billing and these records I would like to see them,

A. Okay.

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- - - -

(Thereupon, a recess was had.)

- - - -

Q. Doctor, you just handed me two cards, one of them is white and one is yellow, and you said in that order the white one being first?

A. Yes.

Q. And that is two-sided, the yellow one being one-sided, and it looks like it starts in March of '78 through December of '87, correct?

A. Correct.

Q. I'm sorry, doctor, You had indicated that you did a physical examination of her when, complete physical?

A. 1977.

Q. So would you have had a previous card to this one? This one starts in March of '78.

A. I don't know.

Q. I mean, do you keep billing cards only for so long or --

A. I really can't answer that, Mr. Kampinski. I don't know,

Q. What's TC stand for?

A. Throat culture.

MR. KAMPINSKI: That's all I have.

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However, I want to make arrangements to get copies of the entire chart as well as his billing record.

You know, I suggest giving it to the court reporter and then she can return the originals to the doctor, if that's all right.

MR. GROEDEL: Is that okay with you, doctor?

THE WITNESS: Sure,

MR. KAMPINSKI: Okay. Mr. Terry may have some questions.

- - - -

CROSS-EXAMINATION OF FRANKLIN H. PLOTKIN, M.D.

BY MR. TERRY:

Q. The first time that Mrs. Margolis showed up with shortness of breath without exertion was July 10, 1985?

A. I think I would have to -- now, would you repeat the question, please?

Q. If I am not mistaken, in my review of the chart, the first time that Mrs. Margolis showed up with complaints of shortness of breath without exertion was on the visit of July 10, 1985, is that correct?

A. Yes, I think that's correct.

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FORM CSR

Q. Did you do any particular workup to find out what the cause of the shortness of breath was?
A. No. At the time there is a distinction between shortness of breath that is truly shortness of breath and sighing respirations,
Q. And the nature of that difference is what?
A. Well, shortness of breath represents a need to move air more rapidly because of any number of reasons where you can't get the oxygen by breathing at the usual rate of 12 or 14 times a minute. The most -- in most normal people this would be just going up a flight of stairs or hurrying or something like that, that would be an increase in the respiratory rate. The patient becomes aware of that when they are breathing more rapidly and more deeply. That is true shortness of breath, and that can happen with normal individuals and individuals with disease.

Sighing respirations are usually a matter of tension, and what they are comprised of is an occasional deep respiration and then expiration. The patient is aware of it, and they may think that that's shortness of breath and it represents some kind of serious disease,

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Q. What does it represent?
A. It represents usually tension, nervousness and so on.
Q. Do you know what, if anything, was causing her to be tense or nervous in July of 1985?
A. No.
Q. Did you ask for an x-ray or have her go down for an x-ray in July of '85?
A. No. I thought at the time that I pretty well worked it out. She was not short of breath on exertion, which would have been the physiological thing to worry about, and I think I just ordinarily dismissed her.
Q. When you saw her on May 16, 1986 she had had at that time a productive cough?
A. Yes,
Q. She had gone through a period of time where there was no sputum?
A. That's correct.
Q. Did you do it or did you order a sputum Cytology?
A. No, I did not.
Q. Do you have the capacity to do that here?
A. We would have had to send her down to the hospital.

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Q. But you can still obtain a sputum here, or you can order it down there to have it done?
A. Yes.
Q. You did neither?
A. No.
Q. That is a way of diagnosing certain lung conditions, isn't it?
A. Yes.
Q. One of the lung conditions that can conceivably be diagnosed is a lung cancer?
A. Correct.

MR. TERRY: That's all I have.

MR. KAMPINSKI: You have a right to read the testimony or you have a right to waive the signature, Your attorney can advise you.

MR. GROEDEL: We will look at it.

MR. KAMPINSKI: If you just give those to the court reporter we'll be out of here.

_____
FRANKLIN H. PLOTKIN, M.D.

FORM CSR-1 REPORTERS & MAPS Co 800-626-8813

C E R T I F I C A T E

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

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

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

_____
Susan M. Cebron, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires August 16, 1993

& MFG CO 80-626-813
FORM CSR

CASE WESTERN RESERVE UNIVERSITY == UNIVERSITY HOSPITALS OF CLEVELAND

THOMAS E. DRISCOL, M.D.
Division of Cardiology

2065 Adelbert Road
Cleveland, Ohio 44106
Office (216) 444-3149
Call Service (216) 231-5700

July 24, 1984

Franklin Plotkin, M.D.
University Suburban Health Center
1611 South Green Road
South Euclid, Ohio 44118

RE: Rose Margolis

Dear Frank:

Enclosed is a copy of the catheterization report on Mrs. Margolis. Thanks for asking me to see her.

Best regards,

Thomas E. Driscol, M.D.

TED/we
enclosure

UNIVERSITY HOSPITALS OF CLEVELAND
CARDIAC CATHETERIZATION RPORT
CLEVELAND, OHIO 44106

2. F. Phillips

AGE: 64YR. SEX:F HT.:152 CM WT.:61. KGS
HOSP.#1066-312 DATE:07/17/1984 BSA: 1.58SQ M
PHYSICIAN: DRISCOL T./SECHLER J.

PROCEDURES :

LEFT HEART CATHETERIZATION
CORONARY ARTERIOGRAMS
RT. BRACHIAL TECHNIQUE

CATHETERS :

SONES NO.	8.0F
PIGTAIL NO.	7.0F

DRUGS :

NITROGLYCERINE	(SUBL)	.40MG
DIAZEPAM	(I-IV)	2.0MG
DIAZEPAM	(I-IV)	2.0MG
DIAZEPAM	(I-IV)	2.0MG

X-RAY :

LV-GRAM RAO	30.DEG
CORONARY ARTERIOGRAMS	*****

FINDINGS :

CORONARY ARTERY DISEASE
SEE COMMENTS SECTION

COMMENTS :

RIGHT CORONARY: MILD DIFFUSE NARROWING IN PROXIMAL THIRD, 100% OCCLUSION OF MID RIGHT CORONARY ARTERY. FAINT FILLING OF DISTAL BRANCHES BY COLLATERALS.

LEFT CORONARY: NORMAL LEFT MAIN. 40% NARROWING IN PROXIMAL LEFT ANTERIOR DESCENDENS AND MINOR IRREGULARITIES ELSEWHERE AND IN LEFT CIRCUMFLEX. RETROGRADE FILLING OF POSTERIOR DESCENDENS BRANCH OF RCA.

LEFT VENTRICULAR ANGIOGRAM: NORMAL SIZE LV. GOOD CONTRACTIONS AND EJECTION FRACTION. NO FOCAL

ABNORMALITY.

NO COMPLICATIONS.

TEST STATUS : ROOM AIR,REST

PRESSURES :

LEFT VENTRICLE		
PEAK SYSTOLIC	102	MMHG
BEGIN/END DIASTOLIC	1.0/ 9.1	MMHG
SYS/DIAS MEAN	87./ 3.	MMHG
SYS/DIAS PERIOD	18.2/ 28.5	SEC/M
AORTA		
PEAK SYS/DIAS	105/40.	MMHG
MEAN SYS/MEAN	84./71.	MMHG
SYS EJCT PERIOD	23.6	SEC/M
HEART RATE	55.	BPM

FROM **THE** DESK OF

R. R. Margolis
2859 Brainard Road
Pepper Pike, OH 44124

11/20/81

Dear Sue -

Thank you
this evaluation
with my file -
I'm still capable
& hearing - maybe
my kids should learn
more
to speak distinctly &
not mumble!
Thanks,
for the note!

Love Margolis

PATIENT: Rose Margolis

DOB: 10/29/19 AUDIOMETER MA-27

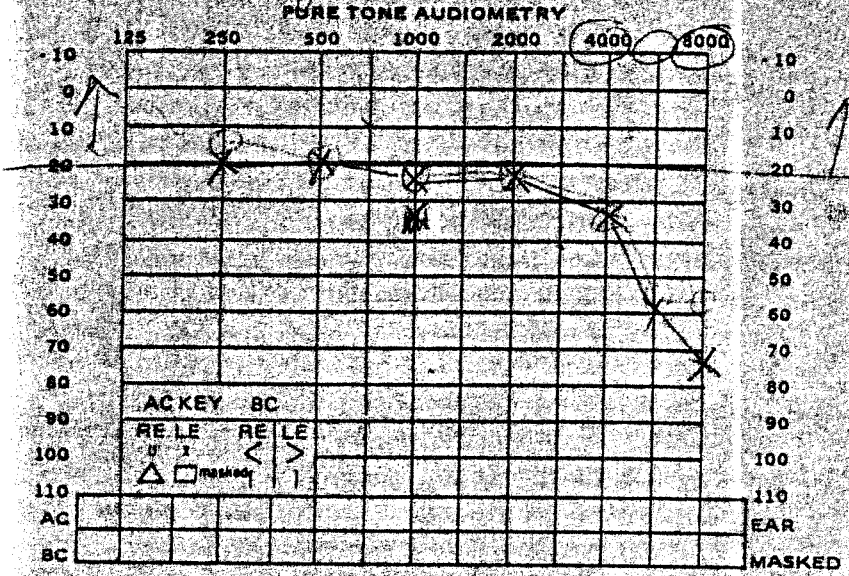
DATE: 11/19/86 EXAMINER Podzyma

Dx: tinnitus, vertigo, noise exposure

Brother has hearing loss 70 yrs.

CHAGRIN VALLEY MEDICAL CENTER
35 WASHINGTON STREET
CHAGRIN FALLS, OHIO 44022

PURE TONE AUDIOMETRY



SPEECH AUDIOMETRY

MLV ☐ TAPE ☐

	Right	Left	Unaided Field	Aided Field
PTA				
SRT SAT Circle One	___dBHL ___dBWN	25 dBHL ___dBWN		
PB Quiet	92 % ___dBSL ___dBWN	76 % 30 dBSL ___dBWN	___% ___HL	___% ___HL
UCL				

IMPEDANCE TESTING

	PEAK PRESSURE	STATIC COMPLIANCE	ACOUSTIC REFLEX 500Hz	1KHz	2KHz	4KHz
RE	mm H_2O	cc				
LE	mm H_2O	cc				

☐ IPSILATERAL ☐ CONTRALATERAL

IMPRESSIONS:

Bilateral sloping normal to mild to moderate high freq. SNHL bilaterally.

SNHL = sensori-neural hearing loss bilaterally = both ears

RECOMMENDATIONS:

1. Annual hearing re-checks.

THRESHOLD TONE DECAY

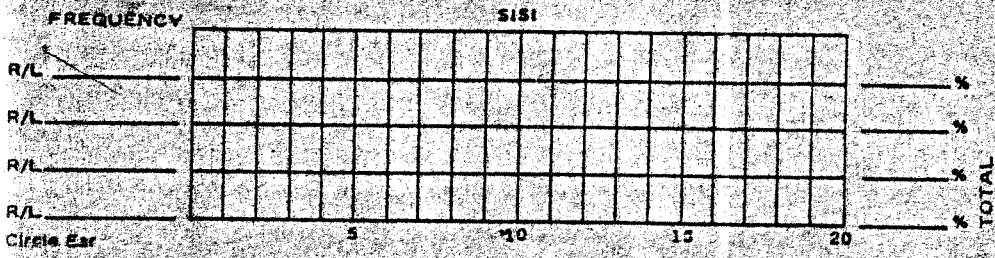
EAR TESTED				
FREQUENCY				
STARTING LEVEL				
0dB				
+5dB				
+10dB				
+15dB				
+20dB				
+25dB				
+30dB				
+35dB				

TOTAL

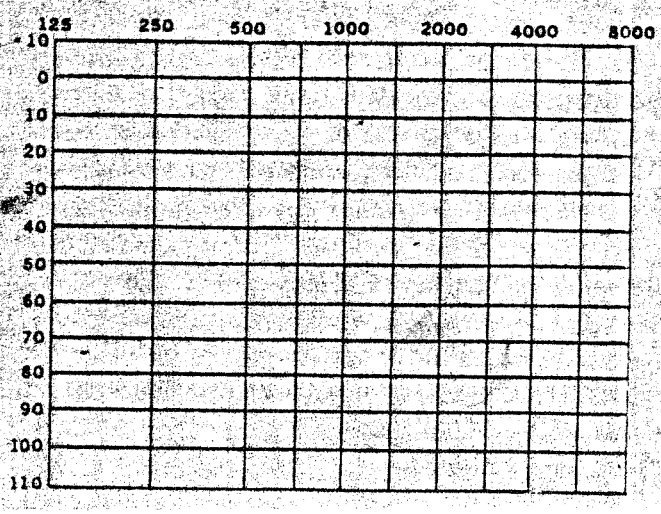
Masking

SISI

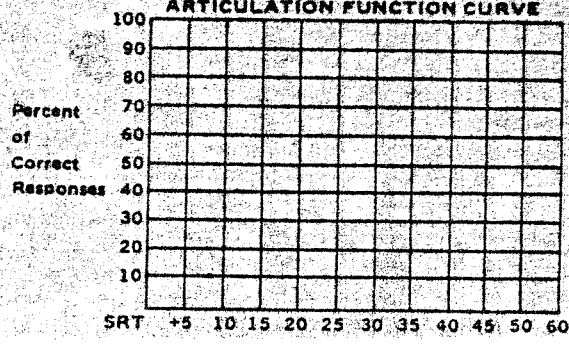
FREQUENCY



ASLB



ARTICULATION FUNCTION CURVE

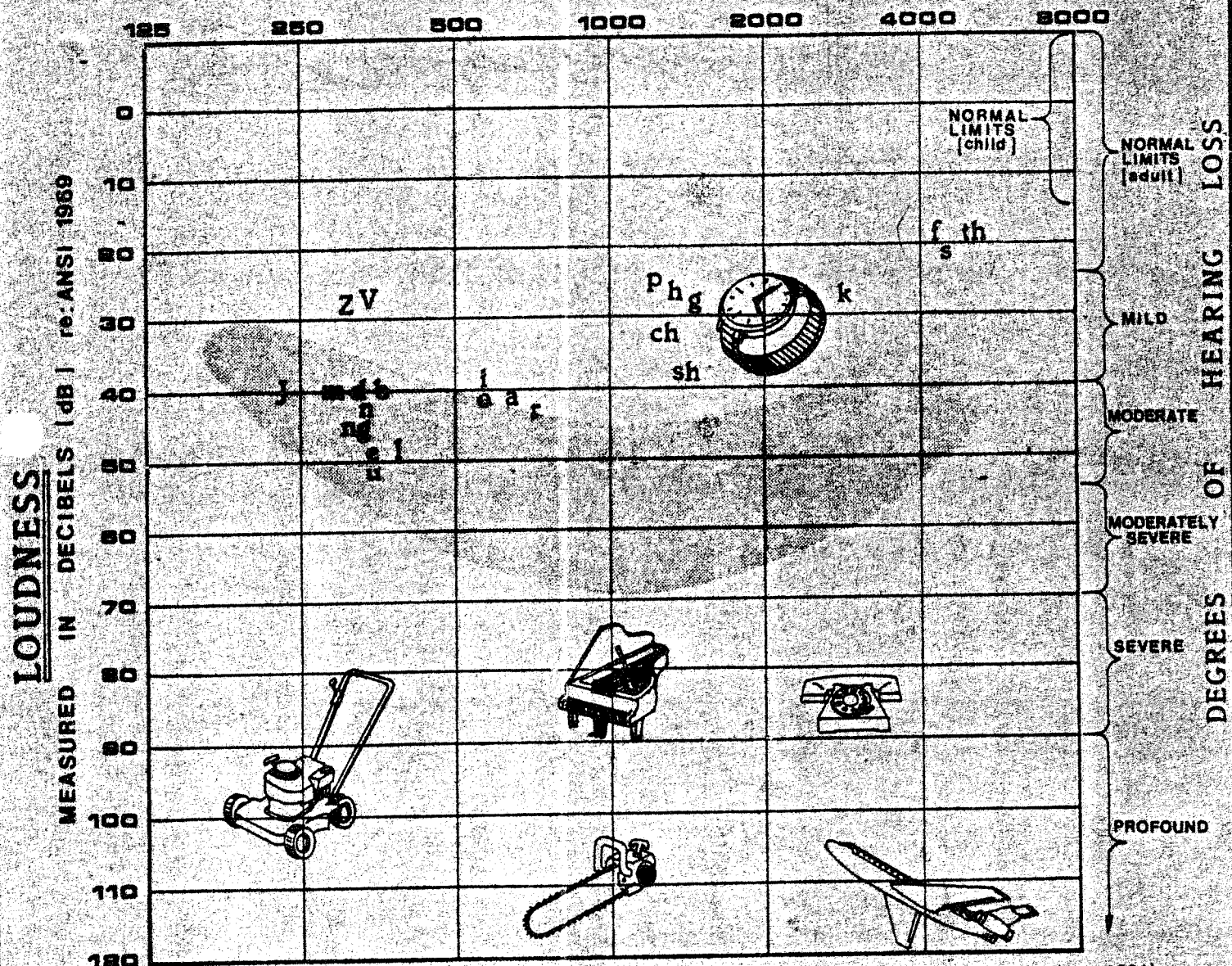


FAMILIAR SOUNDS AUDIOGRAM ©

NAME _____ DATE _____

PITCH [Or FREQUENCY]

LOW — MEASURED IN CYCLES PER SECOND — HIGH



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10 dB	Breathing	80 dB	Rush Hour Traffic	120 dB	Jet Airport
30 dB	Whisper	90 dB	Food Blender	140 dB	Shotgun Blast
40-60 dB	Conversation	100 dB	Train		
70 dB	Typewriter	110 dB	Chain Saw		

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B.A.Chaudoin, M.S., CCC-A

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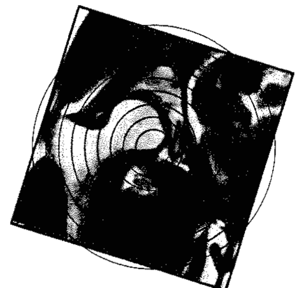

Loren
Margolis 771-3250 (w)
if you need to reach him

Doctor will call back

Re: Rose Margolis

left message - called back
Dr - never called back

Dr James Chambers (cardiology)
Cleve Clinic - Fla.
* 1-800-633-3101 x5203
(305) 978-5203

Very concerned about her - going to do testing & admit - needs to discuss condition with you

TARGETED NAPROSYN® B.I.D.
(NAPROXEN) 250/375/500 mg tablets
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DO NOT

Discard chart

Medical legal

FRANKLIN H. PLOTKIN, M. D.
UNIVERSITY SUBURBAN HEALTH CENTER
1611 GREEN ROAD
SOUTH EUCLID, OHIO 44121

449
679

MARGOLIS, ROSE

MED-CARE

A M
MARGOLIS, ROSE
87

831-1859

Name Margolis, Rose Age

Address

Zip

Birth Date 10-29-19 S.S.N.

Occupation

Business Add

Business Phone

Hospitalization

Referred by Dr. L. Levy

Atty Mark Gradel
687-1311
Reminder Re

MED-CARE

.O. Box 57
olumbus, Ohio 43216
o Not Write In This Space→

HEALTH INSURANCE CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING FORM

[X] MEDICARE [ ] MEDICAID [ ] CHAMPUS [ ] OTHER

Form Approved
OMB No 0938-0008

PATIENT & INSURED (SUBSCRIBER) INFORMATION

1 PATIENT'S NAME (First name, middle initial, last name)

2 PATIENT'S DATE OF BIRTH: 10 | 29 | 19

3 INSURED'S NAME (First name, middle initial, last name): same

4 PATIENT'S ADDRESS (Street, city, state, ZIP code)
2859 Brainard
Cleveland, OH 44124

TELEPHONE NUMBER

5 PATIENT'S SEX: MALE [ ] FEMALE [X]

6 INSURED'S ID, MEDICARE AND / OR MEDICAID NO (Include any letters): 294-05-2150D

7 PATIENT'S RELATIONSHIP TO INSURED: SELF [X] SPOUSE [ ] CHILD [ ] OTHER [ ]

8 INSURED'S GROUP NO. (Or Group Name)

10 WAS CONDITION RELATED TO
A PATIENT'S EMPLOYMENT: YES [ ] NO [X]
B AN ACCIDENT: AUTO [ ] OTHER [ ]

11 INSURED'S ADDRESS (Street, city, state, ZIP code)

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Read back before signing)
I Authorize the Release of any Medical Information Necessary to Process this Claim and Request Payment of MEDICARE Benefits Either to Myself or to the Party Who Accepts Assignment Below

SIGNED [signature] DATE

13 I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW

SIGNED (Insured or Authorized Person)

PHYSICIAN OR SUPPLIER INFORMATION

14 DATE OF ◄ ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT OR PREGNANCY (LMP)

15 DATE FIRST CONSULTED YOU FOR THIS CONDITION

16 HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? YES [ ] NO [ ]

16a IF AN EMERGENCY CHECK HERE [ ]

17 DATE PATIENT ABLE TO RETURN TO WORK

18 DATES OF TOTAL DISABILITY FROM THROUGH

DATES OF PARTIAL DISABILITY FROM THROUGH

19 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g., public health agency)

20 FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES
ADMITTED DISCHARGED

21 NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (If other than home or office)

22 WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES [ ] NO [ ] CHARGES

23 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC OR DX CODE
A
1.
2.
3.
4.

B
EPSDT YES [ ] NO [ ]
FAMILY PLANNING YES [ ] NO [ ]
PRIOR AUTHORIZATION NO

24 A DATE OF SERVICE FROM	TO	B* PLACE OF SERVICE	C PROCEDURE CODE (IDENTIFY)	FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN (EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)	D DIAGNOSIS CODE	E CHARGES	F DAYS OR UNITS	G* T.O.S.	H LEAVE BLANK
		O		Office visit					

25 SIGNATURE OF PHYSICIAN OR SUPPLIER
(I certify that the statements on the reverse apply to this bill and are made a part hereof)

Franklin H. Plotkin MD

SIGNED DATE

26 ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK): YES [ ] NO [X]

27 TOTAL CHARGE

28 AMOUNT PAID

29 BALANCE DUE

30 YOUR SOCIAL SECURITY NO: 095-14-2388

31 PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE & TELEPHONE NO
FRANKLIN H. PLOTKIN, M.D.
1611 S. Green Rd.
S. Euclid, Ohio 44121
(216)382-9935

I.D. NO

32 YOUR PATIENT'S ACCOUNT NO.

33 YOUR EMPLOYER I.D. NO: 3%"-1090622H

*PLACE OF SERVICE AND TYPE OF SERVICE (T.O.S.) CODES ON THE BACK
REMARKS

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8-80
APPROVED BY THE HEALTH CARE FINANCING ADMINISTRATION & CHAMPUS

Form HCFA-1500 (C2) (10-80)
Form CHAMPUS-501

University Suburban Health Center

1611 South Green Road
Cleveland, Ohio 4412

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Hermann Mengel, Jr., M.D.
Donald W. Jungck, M.D.
Howard P. Power, M.D.
R.D. Thompson, Jr., M.D.
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Franklin H. Plotkin, M.D.
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Adrian M. Schmidt, M.D.
Internal Medicine
Endocrinology
Michael G. Sheafor, M.D.
Internal Medicine
Rheumatology
Jeffrey Spencer, M.D.
Internal Medicine
Internal Medicine
Kevin E. Cooper, M.D.
Internal Medicine
Charles A. Peck, M.D.
Internal Medicine
Rheumatology
D. Morehead, Ph.D.

Affiliate of University Hospitals of Case Western Reserve University School of Medicine

ROSE R. **MARGOLIS**
Name of Patient

Statement to permit payment of **Medicare benefits** to Provider, Physicians and Patient

I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is current. I authorize any holder of medical or other information about me to release to the Health Care Financing Administrations or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for covered Medicare services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

I request that payment under the medical insurance program be made either to me or Franklin Plotkin, M.D. any bills for services furnished me by Franklin Plotkin, M.D.,

X Rose R. Margolis
Signature of Patient

7/20/87
Date Signed

294-05-2150D
Health Care Claim Number

Bc/Bs QES 63442 134035900

382-9936

CLEVELAND PHYSICIANS, INC.
UNIVERSITY SUBURBAN HEALTH CENTER
1611 SOUTH GREEN ROAD
SOUTH EUCLID. OHIO 44121

ALL MEDICARE AND MEDICAL MUTUAL PAYMENTS GO DIRECTLY TO THE PATIENT. PLEASE PAY THIS BILL PROMPLTY.

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Hermann Menges, Jr., M.D.
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R. D. Thompson, Jr., M.D.
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Franklin H. Plotkin, M.D. *
~~Adrian M. Schnall, M.D.~~
Michael G. Sheahan, M.D.
Jeffrey C. Spencer, M.D.
David P. Stevens, M.D.
Kevin T. Geraci, M.D.
Charles A. Peck, M.D.
S. D. Morehead, Ph.D.

r

ROSE R. MARGOLIS
2859 BRAINARD
CLEVELAND, OHIO 44124

10/29/19

831-1859

MEDICARE CLAIM NO. 294-05-2150D

DATE OF SERVICE	PLACE OF SERV.	DIAGNOSIS	MEDICAL PROCEDURE	CHARGE	PAID	BALANCE
12.15.86			OV(30) EKG(40)	70 -	70 -	0
7.20.87			OV(30) EKG(40)	70 -		70 70
9.24.87			Paid		70 70	- 0

PLEASE PAY LAST AMOUNT IN THIS COLUMN

DPE	Diagnostic Phys. Exam	EKG	Electrocardiogram	SMA-12	Blood Chemistry Profile
OV	Office Visit, Regular	SIG	Sigmoidoscopy	BS	Blood Sugar
OVE	Office Visit, Extended	PAP	Pap Test	Chol	Cholesterol
OVS	Office Visit. Brief	LAB	Laboratory Tests	Lytes	Electrolyte Study (Ca,Cl,P,K,Na)
CO	Consultation	U	Urinalysis	CBC	Complete Blood Count
INJ	Injection	HV	Home Visit	HC	Hospital Care

All laboratory services, unless otherwise indicated, are done at
University Suburban Health Center Laboratory,
1611 Green Road, South Euclid, Ohio 44121 (License 91-3154)

Make Check Payable to CLEVELAND PHYSICIANS, INC.

[redacted] 03942 [redacted]

CLEVELAND PHYSICIANS, INC.
UNIVERSITY SUBURBAN HEALTH CENTER
1611 SOUTH GREEN ROAD
SOUTH EUCLID, OHIO 44121

382-9935

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JEFFREY C. SPENCER, M.D.
S. D. MOREHEAD, Ph. D.

212 AAX
134035900

Rose R. Margolis
2859 Brainard
Cleveland, OH 44124

Rose (10/29/19)

Please Detach and Return With Your Remittance 831-1859

DATE	PATIENT	PROFESSIONAL SERVICE	CHARGE	PAID	BALANCE
	BALANCE FORWARDED				—
3-30-78	Rose	OV	18-		18-
"	"	EKG	25-		43-
7-21-78		mm form to pt			43-
8-8-78		mm paid		25-	18-
9-8-78		Paid		18-	-0-
9-27-78	"	OV(18-) B.S.(8.50)	26 50		26 50
10-27-78		Sent to mm			26 50
11-3-78	"	OV	20 -		46 50
11-15-78		mm paid		8 50	38-
12-8-78	"	OV(20-) EKG(28-)	48-		86-
12-28-78		Sent to mm			86-
1-18-79		mm paid		25-	61-
3-8-79		paid		61-	-0-
6-13-79	"	OV	20-		20-
7-6-79		Paid		20-	-0-
3-17-80	Rose	OV(22-) EKG(30-)	52-		52-
3-24-80		Sent mm to pay pt.			52-
6-11-80		Paid		52-	-0-
8-5-81	"	OV(25-) EKG(32-)	57-		57-
10-13-81		Paid		57-	-0-
8-30-82	"	OV(27-) EKG(35-)	62-		62-
11-5-82		Paid		62-	-0-

PLEASE PAY LAST AMOUNT IN THIS COLUMN

DPE	Diagnostic Phys. Exam	EKG	Electrocardiogram	SMA-12	Blood Chemistry Profile
OV	Office Visit, Regular	SIG	Sigmoidoscopy	BS	Blood Sugar
OVE	Office Visit, Extended	PAP	Pap Test	Chol	Cholesterol
OVS	Office Visit, Brief	LAB	Laboratory Tests	Lytes	Electrolyte Study (Ca,Cl,P,K,Na)
CO	Consultation	U	Urinalysis	CBC	Complete Blood Count
INJ	Injection	HV	Home Visit	HC	Hospital Care

Make Check Payable to CLEVELAND PHYSICIANS, INC.

BILLITRON INC.
CLEVELAND, OHIO

CASE NO. (F) PATIENT'S NAME MARGOLIS, ROSE (10-29-19) (1)

DATE MO.	DAY	YR.	SUBSEQUENT VISITS AND FINDINGS
2	21	77	57 yr old WF - long time Cleve Clinic pt (Turnbull for hemorrhoids - DeWolfe for peripheral arterial disease) - in because she has had abdominal pain - diffuse - and when she pressed her hand into epigastrium she felt she might faint. Had a GI series recently PE BP 120/80 Short, pleasant bleached blond PE unremarkable except tender in epigastrium Lungs ? wheezes Impression x-rays records from Clinic
6-28-77			want more release forms to Mrs Margolis for records from Drs Turnbull & DeWolfe at Cleveland Clinic
May 77			- cystoscopy - Dr Persky
JUL	19	1977	(PE) In for PE.
			PH - childhood obesity - pt weighed 180 lbs when she graduated from grade school. Dropped to 112 in her first year of high school. T + A 1959 - diarrhea Dx as irritable colon - Rx librium + lomotil Problems "int hemorrhoids" - hemorrhaged in June '77 1973 - peripheral vascular disease - Rx's ? exercise. Still smokes 2 packs/day leukocytosis
			SH. Married - 19 yr old son going to Ohio State - 2 daughters married one to a radiology resident, one to a CPA who will be going to Law School Smokes 2 packs/day Premarin 0/0003 Librium 0/010 Lomotil
			FH Father died at 48 of diabetes, CVA Mother died at 73 of ASHD + HCVD Brother ? to A+W

(over)

(a)

CASE No. _____ PATIENT'S NAME Margolis, Rose

DATE MO. DAY YR.	SUBSEQUENT VISITS AND FINDINGS

An oral cholecystogram shows good concentration of the contrast material within the gallbladder. The gallbladder contracts well with fatty stimulation and the cystic duct is visualized and is not remarkable. Routine views and erect spot films show no calculi or other filling defects.

CONCLUSION: Radiographically normal gallbladder. 4/6/78

9-8-78 Lomotil #100
Librium 0/0/0 #50

SEP 27 1978
Wants a blood sugar because:
1. got light headed a few times
2. feels that she has some ptosis on left
3. heart sounds at night
PE BP 130/80
Heart OK
No ptosis
Rx. Blood Sugar 97 mg%.
2 refs for PE

10/18/78 (tel) back ache - Rx Robaxin 0/750 ii qid

NOV 3 1978
cough - using hycoda
saw Jack (brother) he
constipated
PE BP 130/80
Back stiff + painful - rectal OK Chest clear
Rx. robaxin
2. hycoda
3. benzaldin alka 0/1 qid x 6 for le back
4. ref for PE

11/10/78 (phone) - lots of aggravation ē in laws - librium not working

DEC - 8 1978
Enormous anxiety - Sister-in-law trying to block the division of the parental estate from her kids. Palpitations - cough.
PE BP. 140/80

Rx. EKG - NSC
2. Librium
3. discussion of her anxiety

CASE NO. ______ PATIENT'S NAME Kose Margolis SHEET NO. (3)

DATE	SUBSEQUENT VISITS AND FINDINGS
	4-3-84 143/65
JUL 24 1984	Comes to have cath stitches removed - wants exam of heart - BP 100/70 Heart S. Brady @ 56 lungs clear Rx' cont. procardia . tid.
AUG 14 1984	In UH 7/11 - 7/21/84 c̄ acute IWMI - Had IV streptokinase. Only problem was bradycardia and hypotension - Coronary angio - occlusion of RCA. in its middle third and 30% narrowing in LAD
	Rx 1 nifedipine 0/010 tid 2 EKG
	Feeling well - but gaining weight 140 1/2
	PE OK
	Rx 1. EKG - surprisingly normal record 2. get stress test 3. nifedipine 0/010 tid 4. 4 wks.
SEP 19 1984	Stress test 8/28/84 - normal, poorly conditioned test c̄ VPB's
	Doing well - PE OK BP 140/76 OK
	Rx 1. cont above 2. exercise!

UPPER G.I. SERIES: 9-19-84

Examination of the upper G.I. tract by barium meal shows a normal esophagus. There is a small reducible hiatus hernia that measures approximately 4 x 6 cms.. No reflux was observed. The stomach is otherwise not remarkable. The duodenal bulb is not deformed. The C-loop is not displaced and the visualized small bowel is normal.

CONCLUSION: Small reducible hiatus hernia.

DATE	
NOV 12 1984	Nasal congestion since she stopped smoking Heart burn now and then (R) shoulder hurts - treated c̄ a shot by Heiple
	PE BP 136/80 OK -
	Rx 1. EKG - T waves up in AVF 2 nifedipine 0/010 tid 3. 4 wks

CASE NO. _____ PATIENT'S NAME _____ SHEET NO. _____

DATE MO. DAY YR. | SUBSEQUENT VISITS AND FINDINGS

MAY 20 1986 # 1493

Doing well. Got an xray today - probably no change
to waiting 2 mos for next xray

PE. BP. 136/80
chest clear

Rx: get xray in 2 mos
2 wk f/u PE

CHEST: 5-20-86

PA and lateral radiographs of the chest show the CT ratio to be 135/284 mms.. The heart is normal.

There is again noted the interstitial infiltrate most heavily concentrated in the right lower lung and in the right mid lobe. Comparison with previous films of 5-5-86 shows a slight decrease in the infiltrate in the left lower lung and no significant decrease in the right lower lung. There are no new areas of involvement, however, the very minimal diminution in the two week period would speak against an interstitial pneumonitis but the other possibilities of a more chronic type interstitial disease would still have to be considered and evaluated.

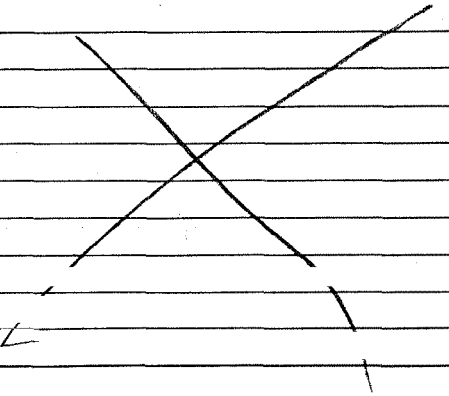
6-12-86

The uterus is normal in size considering the patient's age it measures 4.7 X 2.6 X 3.3cm in a longitudinal, AP, and transverse dimensions respectively. It is also normal in echogenicity.

The left ovary is normal in size and appearance. It measures 2.4 X 1.5 X 1.9 cm. The right ovary is also normal measuring 1.8 X 1.1 X 1.5 cm. There is no evidence of masses or fluid collections within the pelvis.

Cursory examination of the upper abdomen revealed at least 3 simple cysts within the liver. Two large cysts are seen within the right lobe of the liver and measure at least 8 cm. in diameter. A smaller cyst is seen within the left lobe of the liver measuring approximately 3 cm in diameter.

IMPRESSION: Normal pelvic ultrasound.



CASE NO. _____ PATIENT'S NAME _____ SHEET NO. _____

CHEST: FILMS DICTATED 10-21-86
10-9-86

PA and lateral views show changes of interstitial fibrosis involving both lung fields, more prominent in the dependent portions and with associated conglomeration in the area of the middla lobe. These changes have been described previously, including the last study of May 20, 1986.

The patients films have been signed out to orthopaedics. We have contacted the patient and multiple other people, without sucess, so that comparison is not possible at this time. If the films can be located we would be glad to make an addendum report.

The heart remains normal in size and there is no evidence of failure or fluid.

CONCLUSION:

Interstitial fibrosis with conglomeration of the right middle lobe, most likely unchanged since May 20, 1986, although the old films would be needed for satisfactory comparison.

NOV 7 1986
long talk c daughters re: her apparent hearing loss and maybe some behavioral things as well
R, maybe a check up might be in order?

ADDENDUM REPORT:

Comparison of chest films dated October 9, 1986. with previous studies of May, 1986.

The recent films show an improved inspiration effort in comparison with the previous studies. The lung pattern remains constant, showing changes of chronic disease and interstitial fibrosis, including accentuation and conglomeration in the middle lobe.

The cause of the interstitial fibrosis is not specific. The possibilityof sarcoidosis would be mentioned.

CONCLUSION: The study of October 9, 1986, does not show significant change since May 20, 1986. There is no evidence of new infiltrate or progression of the chi-onic process.

12 10 86 (Tel) Refer to D. Sorin for knee

DEC 15 1986
had precordial pain last night while watching TV
PE BP 130/84
heart OK
R. EKG - NSC from 7/10/85
+ sprain to Sorin for knee

UNIVERSITY SUBUHBAN
DIAGNOSTIC SCANNING CENTER
1611 SOUTH GREEN ROAD
SOUTH EUCLID, OHIO 44121
382-0704
R.J. ALFIDI, M.D.

6-12-86 | MARGOLIS, ROSE R. | 134 03 5900
PATIENT SIGNATURE | REFERRING PHYSICIAN

J.LUCAS,M.D.
K.JOHNSTON,M.D. UH
304 F.PLOTKIN,M.D.

SEX MALE	SEX FEMALE	DATE OF BIRTH MONTH DAY YEAR	PHONE	INSURANCE CO
☐	☒	10-29-19	831 1859	MEDICARE#294052150D BCBS#134035900

SAME' 12-1-84

REGION OF TREATMENT	DATE
7603 Pelvic Ultrasound.	6-12-86

The uterus is normal in size considering the patient's age it measures 4.7 X 2.6 X 3.3cmin a longitudinal, AP, and transverse dimensions respectively. It is also normal in echogenicity.

The left ovary is normal in size and appearance. It measures 2.4 X 1.5 X 1.9 cm. The right ovary is also normal measuring 1.8 X 1.1 X 1.5 cm. There is no evidence of masses or fluid collections within the pelvis.

Cursory examination of the upper abdomen revealed at least 3 simple cysts within the liver. Two large cysts are seen within the right robe of the liver and measure at least 8 dm. in diameter. A smaller cyst is seen within the left lobe of the liver measuring approximately 3 cm in diameter.

IMPRESSION: Normal pelvic ultrasound.

Sharyl Pickering, M.D.

dck

SP/cs

CASE WESTERN RESERVE UNIVERSITY == UNIVERSITY HOSPITALS OF CLEVELAND

THOMAS E. DRISCOL, M.D.
Division of Cardiology

2074 Abington Road
Cleveland, Ohio **44106**
Office **(216) 844-3149**
Call Service **(216) 844-3149**

December 11, 1985

Franklin Plotkin, M.D.
1611 South Green Road
South Euclid, Ohio 44121

Re: Rose Margolis

Dear Frank:

I saw Mrs. Margolis in my office yesterday, primarily because her children encouraged her to see me for a check-up. She is really no different than she was twelve to eighteen months ago. She is relatively active in real estate and has not had any hospitalizations. She has seen you regularly and is on Procardia 10 mg bid and uses nitroglycerin when she has episodes of shortness of breath (see later). She also takes some calcium and has stopped smoking. Perhaps because of the latter, she has gained eight to ten pounds over the past year and doesn't like that. She does have some occasional "heartburn". This occurs primarily after eating is relieved promptly by maalox or other antiacids. It never occurs with effort and does not have any associated symptoms. She does a fair amount of walking and shopping and at times there is neurotic sighing respirations and this bothers her. She wonders if that is her heart. She has used two pillows for sleep for a long time. Electrocardiogram taken by you in July of 1985 she reports as being no different than previous records. She has some various nondescriptive chest aches and pain which are either axillary, subclavicular, peristernal , and none sound like angina pectoris.

Weight is 144 pounds, blood pressure 140/90 and pulse is 65 and regular. The lungs are clear, left ventricle is quiet with normal S_1 and S_2. No gallop rhythm or murmur present. There is no peripheral edema and neck veins are not distended. The liver is not palpable.

I don't think she has any significant angina. I suggested that she try nitroglycerin after eating to see if this affects the "heartburn". There is no evidence of congestive heart failure and her fatigue is probably related to being overweight as much as anything else. I advised her to continue the medications she is now taking and to keep her regular check-ups with you.

I would appreciate a copy of her latest electrocardiogram from your records if you can spare one.

I am happy to see her along with you.

Best regards,

Thomas E. Driscol, M.D.

TED/dc

ROSE RUDD MARGOLIS
2859 BRAINARD ROAD, PEPPER PIKE, OHIO 44124

4-18-88

To: Dr. Franklin Plotkin

Dear Dr. Plotkin:

Please allow this letter to act as my authorization to release a copy of my entire medical record file under your supervision to my son, Loren J. Margolis.

He will get this file to my attention.

Very truly yours,

Rose R. Margolis

Rose R. Margolis

RECORDS RELEASE AUTHORITY

I, Esther Rudd (expired March '66)
(Patient's name or guardian), hereby request

that Morton Grossman 2460 Fairmount 44106
(Doctor's name) provide in writing

TO FRANKLIN H. PLOTKIN, M. D.
~~UNIVERSITY SUBURBAN HEALTH CENTER~~
1611 GREEN ROAD
EUCLID, OHIO 44121 382-9935

a report ~~of~~ my diagnosis, ~~treatment~~, prognosis and recommendations, as well as other data pertinent to his treatment of me during the period from all

to _____.

Signed X Rose K. Mangold
(daughter)

S. Johnson
(WITNESS)

AUG 28 1984.
(DATE)

FORM NO. 104

CLEVELAND CLINIC

THE CLINIC CENTER • 9500 EUCLID AVENUE, CLEVELAND, OHIO 44106. U.S.A • 216-444-2200 • CABLE CLEVCLINIC CLV

Appointments 444-6536, 444-6537

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Richard G. Farmer, M.D., Chairman

Edgar Achkar, M.D.
William D. Carey, M.D.
D. Rov Fersuson. M.D.
Bertram Fleshler, M.D.
R. Thomas Holzbach, M.D.
William M. Michener, M.D.
Francis J. Owens, M.D.
George B. Rankin, M.D.
Michael V. Sivak, Jr., M.D.
B. H. Sullivan, Jr., M.D.
Euaene I. Winkelman. M.D.

Section of Endoscopy
B. H. Sullivan, Jr., M.D., Head
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Section of Research
R. Thomas Holzbach, M.D , Head

Charles H. Brown, M.D., Emeritus

March 31, 1980

Franklin Plotkin, M.D.
1611 Green Road
South Euclid, Ohio 44121

Re: Rose R. Margolis
Clinic # 185-263-9

Dear Dr. Plotkin:

I saw Mrs. Rose Margolis on January 10th at the request of Dr. Victor DeWolfe. He had found hepatomegaly which had not been known to be present previously. There was no history of liver disease or jaundice and she had not known of an enlarged 1iver before. She had occasional right-upper quadrant discomfort but nothing of any acute nature.

Laboratory studies were normal including an SGOT, bilirubin, and alkalyne phosphatase. On palpation of the abdomen we could find a mass and I thought that ultrasound would delineate the problem most effectively.

This was indeed the case, and a large benign cyst of the liver was found. I felt that the prognosis was likely good but I asked Dr. Hermann, of our department of general surgery, to see her because of his interest in this type of problem. Dr. Hermann felt that observation only was indicated and recommended that we see her again in about six months. If you have any questions about this, let me know.

Sincerely yours,

R.G. Farmer

Richard G. Farmer, M.D.

Signed in R. Farmer's absence

RGF/cmr

cc: Rose Margolis

DO NOT WRITE HERE

BACTERIOLOGY and SEROLOGY

20A-107

DEPT. CODE

SPECIMEN C+S throat

EXAMINATION DESIRED R/O meningococcus.

RELEVANT DIAGNOSIS contact meningococcal meningitis

GRAM STAIN RESULTS

HOUSE OFFICER

HOSP. NO.

NAME Rose Margolis

BIRTH DATE

RATING

ADMIT DATE

DOCTOR F. Plotkin

SERVICE PA

SEX

AGE

LOCATION

GUARANTOR AND AGENCY NUMBERS

BILLING INFORMATION PRIVATE AMBULATORY ONLY

NAME

ADDRESS

INS. CO. AND NUMBER:

/ / Date Collected

2/16 Received in Lab

Normal throat flora

2/18 (no meningococcus isolated)

UNIVERSITY HOSPITALS OF CLEVELAND

5-0447-5 Rev. 8-77 UHPS Original (White Copy) Med. Records, Copy 2 (Yellow) OPD, Copy 3 (Pink) Lab, Copy 4 (Goldenrod) Acct.

19

UNIVERSITY HOSPITALS OF CLEVELAND
DEPARTMENT OF RADIOLOGY

Name Margolis, Rose
Hosp. No.
E.W. No.
H.C. No.
Sex F Bd. 10-29-19
Service Dr. K. Johnston/ F. Plotkin
Division PA

Date 1-9-81 X-Ray No. 1066312

ULTRASOUND OF THE LIVER:

Multiple echographic sections were taken through the patient's abdomen. There are multiple hepatic cysts present. There are no other abnormalities noted.

J. R. Haaga, M.D.

gl 1-10-81

RADIOLOGY

5-1230-3 Rev.

301

DRS. KATZ, WITT & ABELSON, INC.

Practice Limited to Otolaryngology and Surgery of Head & Neck

Robert L. Katz, M.D.
William J. Witt, M.D.
Tom Abelson, M.D.

1611 South Green Rd., Suite 113
South Euclid, Ohio 44121
Telephone 291-0311

December 20, 1983

Dr. Franklin Plotkin
1611 South Green Road
Cleveland, Ohio 44121

SUMMARY OF OFFICE VISIT: RE: ROSE MARGOLIS

CHIEF COMPLAINT: "This bone on my nose"
OBJECTIVE PHYSICAL FINDINGS: Nasal septal deformity, soft tissue pad right nasal bone
DIAGNOSTIC IMPRESSION: Thickened soft tissue secondary to bony nasal deformity and eye glasses
RECOMMENDATIONS/TREATMENT: Reassurance. I have also advised that the patient stop smoking and have prescribed Entex LA for her mild upper respiratory tract symptoms and post-nasal drainage

Dear Frank:

On 16 December 1983 I evaluated Rose Margolis at your request. As you are aware, Mrs. Margolis has been noticing a fullness over the right nasal bone for the past 6 months. It has produced no pain or discomfort but she wonders whether it has significance. She has also been bothered with moderate post-nasal drainage and a mild cough. She has no nasal obstruction, rhinorrhea or epistaxis. She is a 1-1/2 pack a day cigarette smoker.

Physical examination of the nose reveals a deviation of the nasal septum to the right. The nasal dorsum is somewhat deflected to the left and there is an area of minimal bony deformity in the area of the right nasal bone. Over this bony deformity, there is a soft tissue fullness, which I believe is secondary to eye glasses resting on the bony deformity and I do not believe that there is any true mass lesion present. The nasal airway is satisfactory. The mouth, oro-pharynx, nasopharynx, hypopharynx, neck and ears are within normal limits. I have prescribed Entex LA in the hope that it will help with the post-nasal drainage. I have urged that she stop cigarette smoking and I have reassured her that no serious abnormality exists.

I very much appreciate having an opportunity to be of assistance. Thanks so much for the referral.

Yours truly,

Robert L. Katz, M.D.

RLK:jgk

heavy black line after item 14. Numbers in Parentheses (35) are for coding purposes only

(1) (2) (3) (4) 0 2 2 (5) (6) (7) 0 1 7 (8) (9) (10) (11) 0 9 4 1 (2) (12) (13) (14) 1 3 4 (15) (16) 6 3 (17) (18) (19) (20) 5 9 0 0

Participant Number — Social Security Number

(27)–(41) MARGOLIS — (42)–(51) ROSE — (52) R

Last Name — First — Middle Initial

(53)–(69) 2859 BRAINARD Rd — (70) (71) 64 — (72) F

Address — Age — Sex

(73)–(87) PEPPER PIKE — (88) (89) OH — 10. (90)–(94) 44124 (95)–(98) XXXX

City — State — Zip Code

11. (99) (100) (101) 216 (102) (103) (104) 831 (105)–(108) 1859 — 12. (109)–(121) FRANKLIN APOTKIN

Day Phone — Doctor Name

(122) (123) (124) 216 (125) (126) (127) 831 (128)–(131) 1859 — (132)–(141) [blank]

Evening Phone — Doctor Phone

STOP! Go to item 15, next page.

* * * DO NOT COMPLETE BELOW THIS LINE * * *

SCREENING TEST	NORMAL LIMITS	RESULTS	RECHECK RESULTS	FURTHER EVALUATION NEEDED (Yes / No)
HEIGHT	Frame: ___ sm. ✓ med. ___ lg.	Ft. (142) 5 In. (143)(144) 00		
WEIGHT	Normal Wt. Range: 115 to 129	(145)(146)(147) 137 lbs. NO SHOES		☐ ☐
BLOOD PRESSURE	< 140/90 to 160/95 depending on age	(148)(149)(150) 140 / (151)(152)(153) 076	(154)(155)(156) / (157)(158)(159)	☐ ☐
VISION	Does participant wear glasses/contacts?	(160) Yes 1. X No 2.	RV R55L55	
FAR	Tested with glasses/contacts? (161) Yes 1. X No 2. — 20/20 or 20/30	R = 20 (162)(163) 50 L = 20 (164)(165) 30	R = 20 (166)(167) L = 20 (168)(169)	☐ ☐
NEAR	Tested with glasses/contacts? (170) Yes 1. X No 2. — 20/20 or 20/30	R = 20 (171)(172) 50 L = 20 (173)(174) 40	R = 20 (175)(176) L = 20 (177)(178)	☐ ☐
ANEMIA (Hematocrit)	Male ≥ 40% Female ≥ 37%	(179) 1. Normal 2. Recheck	(180)(181)	☐ ☐

SPECIAL TESTS: THESE TESTS AVAILABLE ONLY AT SOME LOCATIONS

Does participant wear a hearing aid? ☐ Yes ☒ No If YES, do not test

		RESULTS		RECHECK RESULTS		Yes	No
	25 dB at 1000 Hz	(182) R PASS 1. FAIL 2.	(183) L PASS 1. FAIL 2.	(184) R PASS 1. FAIL 2.	(185) L PASS 1. FAIL 2.		
	25 dB at 2000 Hz	(186) R	(187) L	(188) R	(189) L	☐	☐
	30 dB at 4000 Hz	(190) R	(191) L	(192) R	(193) L	☐	☐
GLAUCOMA	≤ 22 mm Hg	(194) R	(195) L	(196) R	(197) L	☐	☐
ORAL SCREENING		(198) 1. Normal	2. Further Evaluation Recommended				
FOOT SCREENING		(199) 1. Normal	2. Further Evaluation Recommended				
		(200) 1. Normal	2. Further Evaluation Recommended				

LAB TESTS: (check if taken) BLOOD TEST (201) Yes 1. ✓ No 2. SICKLE CELL (202) Yes 1. No 2. PAP TEST (203) Yes 1. No 2. HEMOCCULT (204) Yes 1. No 2.

Referred for further evaluation: (205) 1. ☐ No 2. ☐ Yes—to own doctor 3. ☐ Yes—to Medical Soc. 4. ☐ Yes—to private clinic 5. ☐ Yes—to public clinic 6. ☐ Yes—lifestyle change course 7. ☐ Yes—other ______

If YES, for what ______

Comments:	Health Goals Established	How to accomplish:
	1.	1.
	2.	2.

SmithKline Clinical Laboratories, Inc.

a SmithKline Beckman service

TAMPA MIAMI

ACCT. NO. 7052

LAB NO. 1621549UK

PAGE 1

VICTORY PARK AUDITORIUM 063
HEALTH FAIR $200
J F BRENSIKE
MIAMI BEACH,FL 00000
ATTN: MARGORIE,MORE

DATE COLLECTED 04/10 84
TIME COLLECTED
DATE ENTERED 04/19/84
DATEREPORTED 5/28 1729
STATUS FINAL

ROUTE -- AREA

COMMENTS:
ORDERED TESTS: SMAC/74/PHLEB

TEST	RESULT	OUT OF RANGE (OR INTERPRETATION)	UNITS	REFERENCES RANGE
SMAC 25 PROFILE				
GLUCOSE	84		MG/DL (FASTI	(70-110)
SODIUM	140			
POTASSIUM	4.2		MEQ/L	(3.5-5.0)
CHLORIDE	102			
CO2 CONTENT		23	MEQ/L	(24-32)
BALANCE=NA-(CL+CO2)	15			
BUN		5	MG/DL	(10-25)
CREATININE	1.4		MG/DL	
BUN/CREATININE RATIO		20	RATIO (CALC)	(8-16)
URIC ACID	7.1			
CALCIUM	9.9		MG/DL	(8.5-10.8)
PHOSPHORUS	4.4		MG/DL	
TOTAL PROTEIN	7.0		G/DL	(6.0-8.5)
ALBUMIN	4.5		G/DL	
GLOBULIN	2.5		G/DL (CALC)	(1.5-3.8)
A/G RATIO	1.8		RATIO (CALC)	
IONIZED CALCIUM	5.2		MG/DL (CALC)	(3.8-4.8)
BILIRUBIN, TOTAL	0.6		MG/DL	
ALKALINE PHOSPHATASE	89		U/L	(30-115)
LDH	206		U/L	
SGOT	20		U/L	(0-41)
SGPT	16		U/L	
CHOLESTEROL, TOTAL	225		MG/DL***	(155-355)
TRIGLYCERIDES	117		MG/DL	
IRON, SERUM		191	MCG/DL	(40-150)
T4, TOTAL	5.8		MCG/DL	

4.1

UNIVERSITY HOSPITALS OF CLEVELAND
EMERGENCY SERVICES
PATIENT REGISTRATION SHEET

E.S. NUMBER: A-79687

PATIENT NUMBER: 1066-312

PATIENT INFORMATION

PROVIDING DEPT.	REQUESTING DEPT.	DATE	TIME	SECR	PATIENT NAME (LAST)	FIRST	MI
061		7-11-84	0100	JMS	Margolis	Rose	R.

ADDRESS	CITY	STATE	ZIP	PHONE
2859 Brainard Rd.	Pepper Pike	OH	44124	831-1859

BIRTHDATE	AGE	SOCIAL SECURITY NO.	SEX	RACE	M/S	REL	CODE	VET	FAMILY PHYSICIAN
10-29-19	64		F	W	W				Dr. F. Plotkin

LOCAL CONTACT

LOCAL CONTACT	R.C.	HOME PHONE	WORK PHONE
Loren Margolis	son	same or	771-3250

ADDRESS	CITY	STATE	ZIP
same			

PATIENT EMPLOYER

PATIENT EMPLOYER	ADDRESS	CITY
Rybka Realty	unknown	

STATE	ZIP	PHONE	YEARS	OCCUPATION

SPOUSE/OTHER NAME

SPOUSE/OTHER NAME	EMPLOYER	PHONE

ADDRESS	CITY	STATE	ZIP

GUARANTOR INFORMATION

GUARANTOR S.S. NO.	NAME (LAST)	FIRST	M.I.	R.C.
same	self			

ADDRESS	CITY	STATE	ZIP

EMPLOYER	PHONE

ADDRESS	CITY	STATE	ZIP

1:05 AM

NATURE OF ACCIDENT OR ILLNESS

ACC/ILL	NATURE OF ACCIDENT OR ILLNESS	WORK REL	ACCIDENT DATE	ACCIDENT TIME	PLACE OF ACCIDENT
I	chest pain				

BROUGHT BY	EMP. NOTIFIED	POL. NOTIFIED	AMB/POLICE/FIRE	BADGE NO.	CRIME	RAPE
B						

INSURANCE INFORMATION

BLUE CROSS - BLUE SHIELD (HOLDER NAME)	R.C.	CERTIFICATE NO.	GROUP NO.	B.C. PLAN	B.C. SERV.	B.S. PLAN	B.S. SERV.	SMS CODE
Rose R. Margolis	2	134035900	03942A	333	212	833	AAX	

EFFECTIVE DATE	ADD. FEATURE	IF NOT NEO-CITY	STATE
10-4-83	UCSM		

COMMERCIAL INSURANCE (HOLDERS NAME)	R.C.	CERTIFICATE NO.	POLICY NO.	GROUP NO.	SMS CODE

MEDICARE (HOLDERS NAME)	R.C.	MEDICARE NO.	A-EFFECTIVE DATE	B-EFFECTIVE DATE	SMS CODE

GOVERNMENT SERVICES-(HOLDERS NAME)	R.C.	CASE NUMBER	RECIP. NO.	PROGRAM	COUNTY	STATE

SPDN/DED	SMS CODE	INDUSTRIAL-CLAIM NO.	EMPLOYER AT TIME OF INJURY	ADDRESS

CITY	STATE	ZIP	PHONE	SMS CODE	I.D. APPROVED

ADDITIONAL INS. INFO.

OTHER ADMITTING AND DIAGNOSIS INFORMATION

ADMIT/DIV/SERV	TIME	DISCH	AMA	LWBS	REFER CLINIC/EFU	EXPIRED	PHY NO.	ICD 9-CM
MICU	130AM							

DIAGNOSIS: Anterior Wall MI — MISC.: IV

ACCIDENT					ILLNESS				
I 25011	II 25038	III 25054	IV 25060	V	I 35011	II 35038	III 35054	IV 35060	V

MARGOLIS, ROSE
1066 312 07 11 84
ESAI
F 10 29 19
TDC A79687

UNIVERSITY HOSPITALS OF CLEVELAND

EMERGENCY SERVICES

PATIENT REGISTRATION SECTION II

EKG ☒ CHECK IF ORDERED

X-RAYS

ORD	REQ	CHEMISTRY	RESULTS
		FLUID TYPE	
		SODIUM	
		POTASSIUM	
		CHLORIDE	
		BICARB (CO_2)	
		GLUCOSE	
		UREA NITROGEN	
		AMYLASE	
		OTHER (SPECIFY)	
		SPINAL FLUID	
		GLUCOSE	
		PROTEIN	

ORD	REQ	BLOOD GAS	TIME	TIME	TIME
		BLOOD GAS PANEL			
		pH			
		PCO_2			
		PO_2			
		HCO_3			
		BASE EXCESS/ DEFICIT			
		STD. HCO_3			
		SAT % (CALC) PED ONLY			
		CO. OXIMETER PANEL			
		Hb			
		% O_2 Hb			
		% CO Hb			
		% MET. Hb			
		O_2 CONTENT			

ORD	REQ	PSL	RESULTS
		CSF/BODY FLUID	
		FLUID TYPE	
		COLOR	
		CLARITY	
		SPECIFIC GRAVITY	1.0 __ __
		RBC x 10^3	
		WBC X 10^3	
		DIFFERENTIAL	
		GRANULOCYTES	
		LYMPHOCYTES	
		OTHERS:	
		CBC	
		WBC x 10^3	
		HCT%	
		PLATELETS x 10^3	
		HEMOGLOBINS	
		DIFFERENTIAL	
		SEGS.	
		BANDS	
		YMPHS	
		MONOS	
		EOS	
		BASOS	
		OTHERS	

ORD	REQ	PSL	RESULTS
		PROTIME	
		NORMAL	
		PATIENT	
		APTT	
		NORMAL	
		PATIENT	
		FIBRINOGEN	
		MISC.	
		HETROPHILE ANTIBODY	
		HEMOGLOBIN SOLUBILITY	
		B-UCG	
		OTHER (SPECIFY)	
		URINALYSIS	
		COLOR	
		CLARITY	
		SPECIFIC GRAVITY	
		pH	
		PROTEIN	
		GLUCOSE	
		KETONES	
		UROBILINOGEN SCREEN	
		BLOOD/ HEMOGLOBIN	
		WBC/hpf	
		RBC/hpf	
		HYALINE CASTS/1pF	
		URINE UCG	
		OTHERS:	

E.S. NUMBER	DATE	TIME	SECR	PATIENT NUMBER
A-79687	7-11-84	0100	JMS	1066-312

PATIENT NAME (LAST, FIRST, M.I.) | PHONE

ADDRESS | CITY | STATE | ZIP | BIRTH DATE

AGE | SOCIAL SECURITY NO. | SEX | RACE | M/S | REL | CODE | VETERAN

4.2

UNIVERSITY HOSPITALS OF CLEVELAND
EMERGENCY SERVICE CLINICAL SHEET A 79687

NAME
SEX F D.O.B. 10-29-19
HOSP. NO. 1066-312
DATE OF SERVICE 7-11-84

PATIENT NAME: Margolis, Rose	AGE: 64	TIME: 100 AM ☒ PM ☐	
STATUS: ☐ EMERGENT ☒ URGENT ☐ NON-URGENT	RESPIRATORY DISTRESS: ☐ NONE ☒ MILD ☐ MODERATE ☐ SEVERE		
ADULT ☒ PED ☐ VITAL SIGNS	TEMPERATURE	PULSE: 80	RESP.: 20
BLOOD PRESSURE: 170/80	WEIGHT		

CHIEF COMPLAINT: (A) Chest Pain

TRIAGE CODE: 2M
TRIAGE NOTE: (S) c/o mid sternal CP rad to neck x 1hr. ↑ worsening c movement or deep inspiration. ↑ N/V ↑ SOB ° diaphoresis. Meds ↑ PMH-↑ (O) Pt s l SOB, rubbing chest

ALLERGIES: NKA
IMMUNIZATIONS
PRIMARY M.D.: Plotkin
☐ NOTIFIED TIME: ☐ AM PM ☐ ☐ NOT NOTIFIED
REFERRED BY: M.D.
[signature] R.N.

TIME	NURSES NOTES/VITAL SIGNS	TIME	HISTORY AND PHYSICAL
	cold sl. ester	1 10 AM	
1 30 AM	150/80. Pt states		Retrosternal chest pain
	pain is no better		x 1hr → neck
	To MICU. SD		(+) SOB, diaphoresis
			EKG → 2mm ST ↑ II, III, F
			↓Tw I, L, V_{1-3}
			A(1) Inferior wall MI
			Admit MICU now

CHECK HERE FOR ADDITIONAL PAGE ☐

TIME	IV'S	TIME	MEDICATIONS/TREATMENTS
↑	250 D5W KVO	1 25 AM	2mg IV Morphine SD.

HOMEGOING INSTRUCTIONS

PROBLEM: probable MI
INSTRUCTIONS: Admit MICU
FOLLOW-UP PLANS
MEDICATIONS

DISCHARGE TIME: ☐ AM PM ☐

SIGNATURES
[signature] M.D.
R.N.
PATIENT

5-1439-0 (11/81)

DISTRIBUTION. WHITE — MEDICAL RECORD CANARY — CLINIC PINK — PRIVATE PHYSICIAN BLUE — PATIENT

1/20/81 -O-
and the only positive finding is marked point tenderness in the posterior medial joint capsule and think she probably caught *or* pinched this in the joint one or more times and simply has residual tenderness from doing so. Think we should simply ride this out for the moment and should fade slowly **as long as** she is cautious **with it.** Has also had trouble when she **fell** playing racquetball and probably cracked around the ninth or tenth rib on the left but film of thechest failed to find it and symptoms have been persistent enough to suggest she probably had a crack anyhow and is really just beginning to improve at this point and I suspect residual discanfort of this will be gone in the next two weeks. KGH

8/6/81 -O-
Original dictation **lost.** Repeat shoulder injected **for** tendonitis and will simply *see* prn. KGH

12/1/81 -O-
Reinjected the left thumb base and the right shoulder both with local and Kenalog today. Thumb is worse problem but she has enough problem; needing bladder operation and dental work that she doesn't want to do **anything** about the thumb this year. She has chronically swollen **and** irritated thumb joint and obviously will need to come to surgery in the next year **or** *so.* KGH

ROSE MARGOLIS June 22, 1984 GR

Patient is seen for Dr. Heiple today. She has had a history of right shoulder bursitis and left CMC thumb arthritis. Recently she has been awakened at night with numbness of her right hand, stiffness in the morning and paresthesias in the daytime. She has a negative Tinel's, moderately weak thenar muscle group on the right and positive Phalen's test after 30 seconds. Injection was performed in the carpal on the right side. I used Xylocaine and this exactly mimics the symptoms which she has been describing at night. Also given 20 mg. of Kenalog. Patient is to return if continuing problems. SHLacey/k11

7/19/84 - Mrs. Margolis was seen in hospital while she was in convaiescing from a heart attack because of right upper arm and shoulder pain, this was not the left arm.

Rotational x-rays were taken and reviewed rather than showing some minimal lipping under the acromium, did not show any calcium or major shoulder arthritis.

On exam, she had full range of motion with some slight discomfort in the musculo-tendinous cuff area. In view of the fact that she was about to be discharged and was convalescing from her heart, decided to avoid injecting her shoulder at this point and it was suggest that she be seen in the office *4-6* weeks, if the symptoms persist and probably reinject the shoulder with Kenalog at that time. KGHeiple, M.D./lk

cc: Dr. Franklin Plotkin

CLEVELAND CLINIC

THE CLINIC CENTER • 9500 EUCLID AVENUE, CLEVELAND, OHIO 44106, U.S.A. • 216/444-2200 • CABLE: CLEVCLINIC CLV.

Date: July 20, 1977

Re: Rose Margolis

To: Dr. Franklin Plotkin
University Suburban Health Center
1611 Green Road
South Euclid, Ohio 44121

Clinic Number: 185-263

In response to your request for medical information for the above person, please find enclosed:

- ☐ Copies of Cleveland Clinic staff correspondence dated: _____
- ☐ Copy of Cleveland Clinic hospital summary dated: _____
- ☐ Diagnosis sheet
- ☐ Operative reports dated: _____
- ☐ Pathology reports dated: _____
- ☐ Personal history and examination
- ☐ X-Ray interpretations
- ☐ Cardiac reports (i.e., exam, EKG's, echocardiogram, stress test, catheterization)
- ☐ Neurology reports (i.e., EEG's, exam)
- ☐ Ophthalmology and/or otolaryngology
- ☐ Laboratory data
- ☒ Other ENT Clinical Sheets
- ☐ Bill enclosed
- ☒ No charge
- ☐ X-Ray films to follow

Sincerely,

Catherine Parish

Correspondence Clerk

Medical Records and Statistics

Typed 7/1/74

CLEVELAND CLINIC

PATIENT'S MEDICAL HISTORY

(N/O EXAM)

Date: 7/8/74 Time: 1:00 Doctor: DeWolfe

Name: **Rose** Margolis
2859 Brainard Road
Cleveland, Ohio 44124
831-1859

Clinic No.185-263

Age: 54 **Sex:** female Marital status: married

REFERRING DOCTOR -

Report

4

Dr. Lawrence Levy
14077 Cedar Road
South Euclid, Ohio 44118

Dr. Charles Brown
Cleveland Clinic

Copy to Mark Miller Chas. Kaup
SPECIALIST SUGGESTED - Dr. DeWolfe-Vascular
2065 Adelbert Rd.
********** Clev. 44106

CHIEF COMPLAINTS

PATIENT'S DESCRIPTION OF CHIEF MEDICAL PROBLEMS

Pain in hips after a **short** walk-tightening in calves when walking.

****

SOCIAL HISTORY

Occupation: Housewife
Unemployed
Spouse's occupation: Salesman
Employed
Living children: 3

*** *** **** * *

FAMILY IIISTORY

MEMBERS OF FAMILY WHO HAVE EXPIRED SINCE YOUR LAST EXAM: Unanswered

SINCE LAST EXAM, HAS DEVELOPED FAMILY HISTORY OF: Unanswered

****

SPECIAL INFORMATION

HOSPITALIZATIONS SINCE LAST EXAM - Unanswered

DRUGS PATIENT IS NOW TAKING - Librium Lomotil Premarin

NEW DRUG ALLERGIES - Unanswered

MEDICATIONS TAKEN IN PAST YEAR -

cortisone
hormones
tranquilizers

HAS HAD THE FOLLOWING X-RAYS SINCE LAST EXAM - Unanswered

APPROXIMATE YEAR OF LAST IMMUNIZATION -

tetanus - 1974
smallpox - 1974

PERSONAL HABITS -

drinks more than four cups of coffee or tea daily
smokes cigarettes 1 PPD
smokes a pack or more daily

WEIGHT AND APPETITE - stable

MISCELLANEOUS - Negative

****

PRESENT ILLNESS

DURING PAST YEAR, HISTORY POSITIVE FOR:

SIGNS OF POSSIBLE MALIGNANCY - Negative

NEUROLOGICAL SYMPTOMS -

has developed arm or leg weakness

CEREBROVASCULAR SYMPTOMS - Negative

ANXIETY SYMPTOMS - Negative

DEPRESSIVE SYMPTOMS - Negative

EYE SYMPTOMS - Negative

EAR AND NOSE SYMPTOMS - Negative

ORAL SYMPTOMS - Negative

G. I. SYMPTOMS -

problem with diarrhea ?
problem with bloody diarrhea ?

RESPIRATORY SYMPTOMS -

more short of breath in last year
short of breath with one flight of stairs ?

CARDIAC SYMPTOMS -Negative

GENITO-URINARY SYMPTOMS -Negative

Rose Margolis
7/8/74-Dr. DeWolfe 1:00

ENDOCRINE **SYMPTOMS-** -Negative

ORTHOPAEDIC SYMPTOMS -**Negative**

GYNECOLOGICAL **SYMPTOMS-**

Last menstrual period:

many years ago
has had **Pap** smearwithin the past year 3/74

Mrs. Edward Margolis

Clinic No: 185-263

October 13, 1976

Office Note

ENT Department

Mrs. Margolis is a 56-year old white female who was well up until last week when she developed what she called a virus which caused her to vomit and the very next day she had a horrible pain starting in the inferior substernal area and radiating up ~~the what she refers~~ to ~~as~~ the esophagus to the throat. Immediately at this time she was having difficulty swallowing liquids and/or solids and the temperature of either one of them made no difference. Over the past week, however, it has gotten better though she does say that she still has a mild, sticking sensation in the inferior substernal area. She denies any regurgitation of gastric juices or undigested food. She is a patient of Doctor deWolf's with apparently an arterial problem in the right lower leg, but as far as she knows she has no intrinsic heart disease, angina, and her cardiograms in her chart would appear to be reasonably normal. She states that she is able to eat most foods and she is not bothered by chronic indigestion. To her knowledge she does not have a hiatus hernia or any gastrointestinal problems other than an irritated colon 10-15 years ago. In fact the entire ear, nose, and throat inquiry is essentially negative except for a moderately husky voice for the past five or six days presumably due to what she refers to as a virus and for two days last week she had a lump in her throat, i.e., in the suprasternal area but this has subsequently resolved. The complete ear, nose, and throat examination is entirely within normal limits. Palpation of her neck reveals no significant lymphadenopathy, thyromegaly, abnormal masses, or carotid bruits. Even though she is getting better clinically I feel that a pharyngoesophagram

is indicated if only to rule out any possibility of a mass lesion, stricture, hiatus hernia with reflux, or esophageal spasm. She will return to my office one week after the above test has been obtained. Should the pharyngoesophagram be normal and she continues to improve clinically, I will follow her on a prn basis.

Ben Wood, M.D.

BGW/mls/M/19B

Benjamin G. Wood, M.D.

F 48

CLINICAL SHEET

Mrs. Rose Margolis

Clinic No. 1-852-639

November 2, 1976

Office Visit

ENT DEPARTMENT

Mrs. Margolis returns for her pharyngoesophagram and followup visit. THe former is interpreted as normal. The inferior substernal discomfort which she is experiencing has completely disappeared. Her only problems now are a recurrence for the past week of a supersternal lump but she decribes this not like the golf ball that she had in her throat before but more widespread and she points from sternocleidal mastoid to sternocleidal mastoid. She also has a mildly productive cough associated with a post nasal drip. Examination of the nose reveals a small amount of mucoid discharge. The nasal pharnyx is within normal limits. The oropharynx, hypopharynx are also within normal limits. A prescription for Phenagen expectorant cough medicine was given the patient and she will call me in one month and inform me of her progress.

Ben Wood, M.D.

Benjamin G. Wood, M.D.

BGW/ll

49 DR. TURNBULL, JR. JUN 6 1977

Usual Blood -
a Lot This Time.

August B.C.

Cardiac to PROCTOLOGIC EXAM.

185-263
MARGOLIS, MRS E

DESK
30
DOCTOR
Wood

CLEVELAND CLINIC X-RAY REPORT

Gallbladder

Esophagus—Stomach—Duodenum

ESOPHAGUS AND PHARYNX:

The esophagus appears entirely normal at fluoroscopy. The esophagogastric junction on the films is never fully distended but I believe it distended to a greater capacity than the films indicate. There really was no evidence of obstruction and esophageal peristalsis is entirely normal.

S. A. Kollins, M.D.

sdh 10-14-6

Colon:

DESK

B-10

185-263

MARGOLIS, ROSE

RUSH

11-11

DOCTOR

Candas

CLEVELAND CLINIC X-RAY REPORT

11-11-75

CHEST:

Normal. No evidence of pneumnia,

A.F. Lalli, M.D.

sdh/11-11-75

FORM 7A REV. 6-69

105 263 MARGOLIS H. A. STUDIES
MRS. EDWARD J.

30c

DESK CCH 7-8

DOCTOR---

7-8-74 CLEVELAND CLINIC X-RAY REPORT

CHEST:

The heart size is within noma1 limits, There are multiple calcified granuloma bilaterally. Curvelinear density is seen on the lateral view anteriorly probably represents scarring or less likely a patch of linear atelectasis in the lingular segment,

UROGRAM:

There are no susnicious calcifications in the cou se of the urinary tract. The kidneys are in normal position with smooth outlines, Collecting systems, ureters and urinary bladder are within n o m 1 limits.

11:06

do/7-8-74

M.D.

105 263 MARGOLIS
MRS. EDWARD J.

6-22-73

DESK
10

DOCTOR
Brown

CLEVELAND CLINIC X-RAY REPORT

6-26-73

CHEST:

Normal.

ABDOMEN:

No significant radiographic abnormality.

LEFT KNEE AND ANKLE:

No osseous abnormality and no evidence of arterial calcifications.

James V. Zelch, M.D.
J. Zelch, M.D.

11:05

sdh/6-27-73

FORM 7A REV. 6-69

105 203 MARGOLIS
MRS. EDWARD J.

10-6-69

DESK
10

DOCTOR
Brown

CLEVELAND CLINIC X-RAY REPORT

Gallbladder 10-13-69...CRH.llm

Normally functioning gallbladder without demonstrable calculi.

C. R. Hughes
C.R. Hughes

lm 10-13-69
1:00

Esophagus—Stomach—Duodenum

Colon: DMcE...WCS...fa...10/15/69

The colon and terminal ileum are normal.

IMPRESSION:
Negative barium enema.

W. C. Strittmatter

5:25
fa 10/15/69

D. McEwen...W. C. Strittmatter

FORM 15A

DESK

10-6-69

103 283 MARGOLIS
MRS. EDWARD J.

70

DOCTOR

Brown

CLEVELAND CLINIC X-RAY REPORT

CHEST:

Negative.

T. F. Meaney, M.D.

9:00

JIM 10 8 69

T. F. Meaney

FORM 7A

DESK

105 283 MARGOLIS
MRS. EDWARD J.

11 30 6 | 70

DOCTOR

Brown

CLEVELAND CLINIC **X-RAY** REPORT

Gallbladder: 12-2-65. ..CRH...blm

Normally functioning gallbladder without **calculi.**

C.R. Hughes

1:42
blm
12-2-65

Esophagus—Stomach—Duodenum

Colon:

FORM 15A

DESK

70

DOCTOR

Baron

11 30 6

183 263 MARGOLIS
MRS. EDWARD J.

CLEVELAND CLINIC X-RAY REPORT

KUB & PLAIN **GB:**

Negative.

RIGHT ELBOW:

Bones, joints and soft tissues of the right **elbow** are normal.

W C Strittmatter

10:10
cp
12-1-65

FORM 7A

Mrs. Edward Margolis

Clinic No: 185-263

October 13, 1976

Office Note

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Ben Wood, M.D.

BGW/mls/M/19B

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F 48

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Mrs. Rose Margolis

Clinic No. 1-852-639

November 2, 1976

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Ben Wood M.D.

Benjamin G. Wood, M.D.

BGW/11

185-263
MARGOLIS, MRS E

DESK
30
DOCTOR
Wood

CLEVELAND CLINIC X-RAY REPORT

Gallbladder

Esophagus--Stomach--Duodenum

ESOPHAGUS AND PHARYNX:

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S. A. Kollins, M.D.

sdh 10-14-6

Colon:

UNIVERSITY PATHOLOGY ASSOCIATES
REQUISITION FOR CELLULAR EXAMINATION

DATE 7-19-71 LMP _____ LAB NO. _____

CERV ASP ☒ CERV SCRAP ☐ VAGINAL ☐ OTHER _____

PATIENT'S NAME Rose Margolis AGE 57

CLINICAL DX _____

SYMPTOMS: NONE ☒ ABNORMAL VAG. BLEEDING ☐

CERVIX: NEG ☒ EROSION ☐ CERVICITIS ☐ CA ☐ STAGE _____

PAST UTERINE RX: NONE ☒ IRRADIATION ☐ ESTROGEN ☐

PREVIOUS STUDIES CYTOLOGY NO ☒ YES ☐ BIOPSY ☐ _____

SEND REPORT TO FOLLOWING PHYSICIAN:

FRAN [illegible]
UNIVERSITY [illegible]
1511 G[illegible]
SOUTH EUCLID, OHIO [illegible]
291-3715

FOR REPORTING. DO NOT WRITE HERE.

☐ CELL *STUDY* UNSATISFACTORY BECAUSE OF

☐ REPEAT CELLULAR STUDIES IN THIS CASE IN _____ MONTHS OR ☐ AT ONCE.

CELLULAR CHANGES _____

MALIGNANT CELLS ARE NOT IDENTIFIED

SIGNED _____ M.D.

University Orthopaedic Associates, Inc.

2074 ABINGTON ROAD
CLEWLAND. OHIO 44106

Department of Orthopaedics
Case Western Reserve University

(216) 844-3046

University Hospitals of Cleveland
Rainbow Babies and Childrens Hospital
Cleveland Metropolitan General Hospital
University Hospitals Health Center, University Circle
University Suburban Health Center

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Spine

HARRY E. FIGGIE, III, M.D.
Joint Replacement
Adult Reconstruction

ALVIN A. FREEHAFER, M.D.
Spine
Rehabilitation

VICTOR M. GOLDBERG. M.D.
Joint Replacement
Adult Reconstruction

DONALD B. GOODFELLOW, M.D.
Sports Medicine
Arthroscopy

KINGSBURY G. HEIPLE, M.D.
Joint Replacement
Hand Surgery

MICHAEL J. JOYCE, M.D.
Fractures / Traumatology
Oncology

MICHAEL W. KEITH, M.D.
Hand & Upper Extremity
Adult Reconstruction

STEPHEN H. LACEY, M.D.
Hand & Upper Extremity
Adult Reconstruction

JOHN T. MAKLEY. M.D.
Oncology
Pediatric Orthopaedics

RANDALL E. MARCUS. M.D.
Fractures / Foot Surgery
Adult Reconstruction

ERNEST B. MARSOLAIS. M.D.. Ph.D.
Spine
Adult Reconstruction

MARY-BLAIR MATEJCZYK, M.D.
Joint Replacement
Adult Reconstruction

THOMAS C. MC LAUGHLIN. M.D.
Sports Medicine
Arthroscopy

PETER V. SCOLES. M.D.
Pediatric Orthopaedics
Scoliosis

JOHN W. SHAFFER, M.D.
Hand & Upper Extremity
Scoliosis

GEORGE H. THOMPSON. M.D.
Pediatric Orthopaedics
Scoliosis

JOHN H. WILBER, M.D.
Fractures / Traumatology
Arthroscopy

R. GEOFFREY WILBER, M.D.
Spine/ Spine Deformiiv
General Orthopaedics

RANDALL E. HYDE. CPA
Administrator
844-4922

ALFREDA SIMMONS
Office Manager
844-4022

JOHANNA PROKOP
Department Secretary
844-3046

October 9, 1986

Franklin Plotkin, M.D.
1611 South Green Road
South Euclid, OH 44121

Re: Rose Margolis

Dear Frank:

I had the opportunity of examining your patient Rose Margolis today in my office, Rose's chief complaint is one of right knee pain.

Enclosed please find a copy of my office records.

King Heiple referred Rose to me for consideration of arthroscopy and I would agree with that recommendation.

With kindest personal regards, I am,

Yours sincerely,

Randall E. Marcus, M.D.

REM:cm

Enclosure

10/9/86 - GR - N

CC: right knee pain.

HPI: The patient notes her entire knee and particularly the posterior aspect of the knee, has been giving her rather severe pain over the last several months. The patient denies any injury but notes the problem began in August.

The patient has tried Indocin, Soma, and Motrin, none of which give her complete relief, but she prefers the Indocin. I have warned her of the possible side effects of that medication.

The patient states at time the pain radiates into the ankle and calf area. The patient denies any neurologic symptoms at present. The patient states the entire knee is giving her problems and notes intermittent swelling. The patient denies giving way but notes locking about the knee, with difficulty bending it. The patient denies crepitus about the knee. The patient had a cortisone injection by Dr. Heiple twice last month, both gave her only temporary relief.

Tthe patient states she is in her normal state of good health: she does have carpal tunnel syndrom, which Dr. Heiple is following her for, and had a MI two years ago.

PE of the right knee reveals a plus 2 effusion in the knee. There is no increased skin temperature. There is no erythema. There is diffuse tenderness about the knee, particularly along the lateral joint line and at the patella-femoral articulation. The knee comes to full extension and flexes fully. The ligamentous stability is full. There is crepitus with ROM of the knee.

After adequate informed consent, I have aspirated approximately 15 cc. of Type I fluid from the knee and injected it with 10 mg. of Kenalog under local anesthesia.

It is my impression that this patient has symptoms and signs consistent with internal derangement of the knee. I suspect that she may have a loose raticular area or a torn cartilage in the knee. I would agree with Dr. Heiple's recommendation of arthroscopic examination of the knee. This can be done as an outpatient under spinal orepidural anesthesia. The procedure can be done at the Green Road Surgery Center.

I have discussed the risks, options, and procedure of arthroscopic examination of the knee with the patient in great detail. The fact that we cannot cure arthritis or replace cartilage that was removed was also discussed. The possibility of an open arthrotomy was also discussed.

10/9/86 - continued

The patient will contact us in the coming weeks to discuss whether she would like to go through with the procedure. I have given her a brochure describing arthroscopy. R. E. Marcus, M.D.

cc: Franklin Plotkin, M.D.
Kingsbury Heiple, M.D.

GEORGE E. SPENCER, Jr., M.D., INC.

(R) knee (R) hand

Patient.. Rose Margolis — Referred by.. old pt

Address (Home 2859 Braxara Rd Pepper Pke Oh 44124 — Spouse or Parent

Insurance Mid BC BS

Telephone (Home) 831-1859

Employer Ripka Realty

Address

telephone 461-8310

Birthdate 10-29-19 Married ..... Single ..... Widow.. X

Type of occupation..

12/3/86 -0- 50

cc: Dr, Plotkin

The pt came to see me today as I have taken care of her many years ago, She is having recurrent effusions of her R knee, and it has required aspiration on 2 occasions. It is now been suggested that she have a arthroscopic surgery on this knee and she wished my opinion. I did aspirate her R knee and obtain 31cc of clear yellow fluid and put in 1cc of Kenalog and Xylocaine. She's going to Florida soon, I also injected her R carpal tunnel syndrome, This has been injected 4 times, I would recommend a release of the R carpal tunnel, however, I am not very optomistic about arthroscopic debridement of the knee like this. Her x-rays don't look too bad, but when she walks, she has a valgus position of this knee, I think she has definite osteoarthritis here and will have a tendency for recurrent effusions of the knee which could be aspirated at times. I told her that I didn't think that the arthroscopy would set her back any, but I don't knaw how much it wobld help her, My experience c this has been quite disappointing as it has been throughout the country, She will delay to have anything done until the spring of 1987.

CLEVELAND PHYSICIANS INC
UNIVERSITY SUBURBAN HEALTH CENTER
1611 SOUTH GREEN ROAD
SOUTH EUCLID OHIO 44121

MICHAEL A PETTI M D
HOWARDE FAGAN M.D
HERMANN MENGES JR M D
DONALDW JUNGLAS M D

HOWARD E ROWEN M D
R D THOMPSON JR M D
CHESTERL PLOTKIN M D
FRANKH PLOTKIN M D
ADRIAN M SCHNALL M D

MICHAEL G SHEAHAN M D
JEFFREY SPENCER M D
DAVID P STEVENS M D
S D MOREHEAD Ph.D

February 19, 1981

To Whom **it may concern:**

My patient, Rose Margolis, has had recurring dificulties with an irritable colon, which is greatly aggravated by stress. I'recommended to her **that she take a 6 to 8 week leave** of **absence** from **work.**

Very truly yours,

Franklin Plotkin M.D.

Franklin E. Plotkin, M.D.

FHP/lb

CLEVELAND PHYSICIANS INC.
UNIVERSITY SUBURBAN HEALTH CENTER
1611 SOUTH GREEN ROAD
SOUTH EUCLID, OHIO 44121

MICHAEL A. PETTI, M.D.
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CHESTER L. PLOTKIN, M.D.
FRANK H. PLOTKIN, M.D.
ADRIAN M. SCHNALL, M.D.

MICHAEL G. SHEAHAN, M.D.
JEFFREY SPENCER, M.D.
DAVID P. STEVENS, M.D.
S. D. MOREHEAD, Ph.D.

August 7, 1981

To Whom This May Concern:

This is to advise you that I examined Mrs. Rose Margolis on August 5, 1981. She has a severe right subacromial bursitis. Since she has pain and is uncomfortable, she should not serve as a juror at this time.

Yours truly,

Frahklin H. Plotkin, M.D.

FHP:sp

11:45 a.m.

CUYAHOGA COUNTY BOARD OF HEALTH
COMMUNITY BASED ADULT FLU PROGRAM

Date Oct. 23 1983

Today you received a flu shot to protect you against the types of flu virus that are expected to cause illness in the coming year, Side effects are rare. The area of the upper arm where the shot is given may be sore far a day or two. Occasionally, a fever or achiness also occurs fox one or two days, This discomfort may be treated by taking an over-the-counter (non-prescription) medication to reduce fever and achiness, Follow the directions on the label of the bottle of medication you choose for the amount of medication and the time it should be taken.

If you feel sick or have a temp higher than 101° degrees (F) for longer than 48 hours, we ask that you call the Cuyahoga County Board of Health (443-7500) and/or your private physician.

Remember, also, that flu shots will not protect all persons against the flu.

Rae Margolis

Water View I Phone 1-305-931-4159 Feb. 18, 1985
Rose R. Margolis
Appt. 534 ~~2859 Brainard Rd.~~
20505 E. Country ~~Cleveland, OH 44122~~ Florida
Club Dr. 33180

Dear Dr. Plotkin —

I had my vital signs checked and I thought I should forward them to you. The lady who took them said I was in great shape! (In Florida you can get everything you need in a Drug Store!)

Pulse Rate - 60			
Systolic	124	Systolic R 128	
Diastolic	66	Diastolic	68

I'm still taking 2 capsules of Procardia & 2 tablets

Haitian American

Union of Churches-Adult Education Centers wish you a Healthy, Happy Living Heart. We deeply appreciate that you let our Volunteers Blood Pressure-Screening Technicians take a reading of your B-P.

Please have it checked again next time, same place, at no charge. God loves you and so do we. When you come again remember to keep yourself quiet for about 5 minutes before our technicians take your B-P

Also, do not forget that your blood pressure continuously fluctuates in daily life according to various conditions. In general, blood pressure is higher in Winter than in Summer, and in a day it will increase due to absorption of salt, overeating, smoking, over work, constipation, stress, insufficient sleep, sports, nervousness, etc.

This is a courtesy of church members and officers of our community to your community.

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Miami, Florida 33127

Phone 754-4427

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President

HAITIAN

AMERICAN

RECORD YOUR BLOOD PRESSURE READINGS

Name _____

Address _____

City _____ State _____

Your Doctor's Name _____

_____

Dr. Tel. No. _____

University Suburban Health Center

1611 South Green Road
Cleveland, Ohio 44121

Cleveland Physicians Incorporated

Howard E. [illegible], M.D.
Hermann Menges, Jr., M.D.
[illegible], M.D.
Howard [illegible], M.D.
[illegible], M.D.
[illegible]
Franklin H. Plotkin, M.D.
Internal Medicine
Adrian M. Schnall, M.D.
Michael G. Sheehan, M.D.
Rheumatology
Jeffrey Spencer, M.D.
David P. Stevens, M.D.
Gastroenterology
Kevin E. Geraci, M.D.
Charles A. Peck, M.D.
Internal Medicine
Rheumatology
S.D. Morehead, Ph.D.
Psychology

November 13, 1986

Cleveland Hearing & Speech Center
11206 Euclid Avenue
Cleveland, Ohio 44106

To Whom This May Concern:

This is to advise you that I have referred my patient, Rose Margolis, to you for a complete hearing evaluation.

Yours truly,

Franklin H. Plotkin, M.D.

FHP:sp

Affiliate of University Hospitals and Case Western Reserve University School of Medicine

ELECTROCARDIOGRAPHIC STRESS TESTING LABORATORY
UNIVERSITY SUBURBAN HEALTH CENTER

Name Margolis Rose   Hospital No. P.A.   Referred By: Dr. F. Plotkin
Age 64   Sex F   Test No. 1939.   Date: 8-28-84
Ht 152 cm Wt 64 kg., Expected Wt. ___ kg., Activity Status: Active ___ Sedentary ✓
Clinical Diagnosis: MI July 1984, SOB c̄ ... s, ✓ Pericarditis ✓ Other

Medications: ___ None, ___ Digitalis, ___ Antipressors, ___ TNG, ___ Quinidine, ___ Procainamide, ___ Nitrates, ___ B-Cal
Resting EKG:

Treadmill Test:
The test is a modified Bruce treadmill protocol. Each work stage is of 3 minutes duration with increasing treadmill speed and slope. Three leads are monitorsd: the anterior lead (V1 - top tracing), the lateral lead (V5 - middle tracing), and the inferior lead (AVF - bottom tracing). The final report is a printed summary of events during exercise, the computer ST diagnosis, and a graphic presentation of the trend of ST segment shifts and ST segment slopes during exercise. Heart rate, ectopic beat rate, and blood pressure responses are also displayed. The EKG tracings are time-compressed, computer averaged displays of complexes during each 3 minutes of exercise and each minute of recovery.

EVALUATION

Maximum Heart Rate:

Highest Attained - 100
Age Predicted Maximum 156
Age Predicted Maximum 64 %

Blood Pressure:

Control 110/80
Peak Exercise 160/88

Maximum Index MVO_2:

Patient 16.0
Age Predicted —

mm R or S Amplitude (Σ X, Y, Z):
Patient 0

Maximum VO_2: ml/kg/min.

Attained —
Predicted —
Funstional Aerdbic Impairment

Mild >27 <40   Moderate >41 <54
Marked >55 <68   Extreme >69.

Metabolic Eouivalents of Maximum Exercise Attained (1 MET = 3.5 ml/kg/min):

METs —

SUMMARY

Normal Stress Test, but at only 64% of her age predicted maximum heart rate (on beta blocker). There were VPB's during exercise. The patient had a lot of pain in her legs, but no discomfort in her chest.

Exercise Laboratory

DATA SHEET

Name: Margolin, Rose Hospital No. P.A. Referred By: Dr. F. Mathis

Age: 64 Sex F Test No. 1939 Date: 8-28-84

Ht. 5', 0 cm., Wt. 140 64 kg., Expected Wt. ____ kg., Activity Status: Active ____ Sedentary ✓

Clinical Diagnosis: MI July 14, 1984, SOB c Exertion, Pro-cardia 220 64 75

Medications: ___ None, ___ Digitalis, ___ Antipressors, ✓ β-blocker, ✓ Other Os-Cal
___ TNG, ___ Quinidine, ___ Procainamide, ___ Nitrates,

Resting EKG:

MODIFIED BRUCE **TREADMILL** PROTOCOL: **Each** Stage **3** Min. **With** Increasing Speed and/or Slope.

STAGE	O_2 ml/kg per min.	METs	HEART RATE	BLOOD PRESSURE	SBP x HR (x 10^{-3})	ST-J mm	ΔR-S mm	ARRHYTHMIA	SI SY
Control			65	110/80		F+0.5 ⌣ V5 0 ⌣		SUPB's	
1.7 mph (1) 0%			90	110/80		V5 0 ⌣ V5 0 —		UPB's	
1.7 mph (2) 5%			100	160/88	16.10	F-0.2 ⌣ V5-0.5 to 3	0	UPB's	3
1.7 mph (3) 10%								Legs ache	
2.5 mph (4) 12%									
3.4 mph (5) 14%									
4.2 mph (6) 16%									
5.0 mph (7) 18									
5.5 mph (8) 20%		Pt.	stated she	had to	stop				
6.0 mph (9) 22%		pushed her	one	more	minute				

RECOVERY she said she really had to stop

Minute									
	1			95	140/80				Legs ache
	2			70	130/80				from ankle
	3			60	120/80				to above kn
	4			60	120/80				SUPB's
	5			60	120/80				SUPB's
	6			60					Ache in leg gone
	7			65					
	8			65					
	9								
	10								

SIGNS & SYMPTOMS

0. None 2. Chest Pain 4. Faintness 6. Dyspnea 8. **Cyanosis**
1. Nausea 3. Leg Fatigue 5. Dizziness 7. Hypotension 9. **Excessive** Sweating

Exercise Laboratory

ne: Margolis Rose Hospital No. PA Sex F Test No. 1957

e ____, Height ____ cm., Body Wt., ____kg., Activity Status: Active ____ Sedentary ___

$\dot{V}O_2$ CALCULATIONS FOR MODIFIED BRUCE PROTOCOL

O_2 Usage

Final Stage (No.) 2

Total Time in Stages 3 through 6 ____ min.

Estimated Final $\dot{V}O_2$ (Worksheet 2)

MEN = ____ ml/kg/min.

WOMEN = ____ ml/kg/min.

Functional Aerobic Impairment

Final $\dot{V}O$ Attained ____ ml/kg/min.

Predicted Maximum $\dot{V}O_2$ (Worksheet 3) = ____ ml/kg/min.

$$FAI = \frac{\text{Predicted } \dot{V}O_2 - \text{Attained } \dot{V}O_2}{\text{Predicted } \dot{V}O_2} \times 100 = \_\_\_\_\_ \%$$

Metabolic Equivalent For Exercise (1 MET = 3.5 ml/O_2/kg/min)

$$\text{METs Attained} = \frac{\dot{V}O_2 \text{ Attained } (\ \_\_\_\ \ )}{3.5} = \_\_\_\_\_$$

Estimated Index $\dot{M}VO_2$

Patient (HR x SBP x 10^{-3}) = 16.0

Predicted Normal Men (36.4 - 0.058 x age) = ____

3.8
50

NAME Maggie Rose

NO D.F. Pt DATE 8-28-84

I	AVR	V1	V4
II	AVL	V2	V5
III	AVF	V3	V6

I II III RLF

V_{1-6}

STANDARDIZATION PULSE

AGE RATE

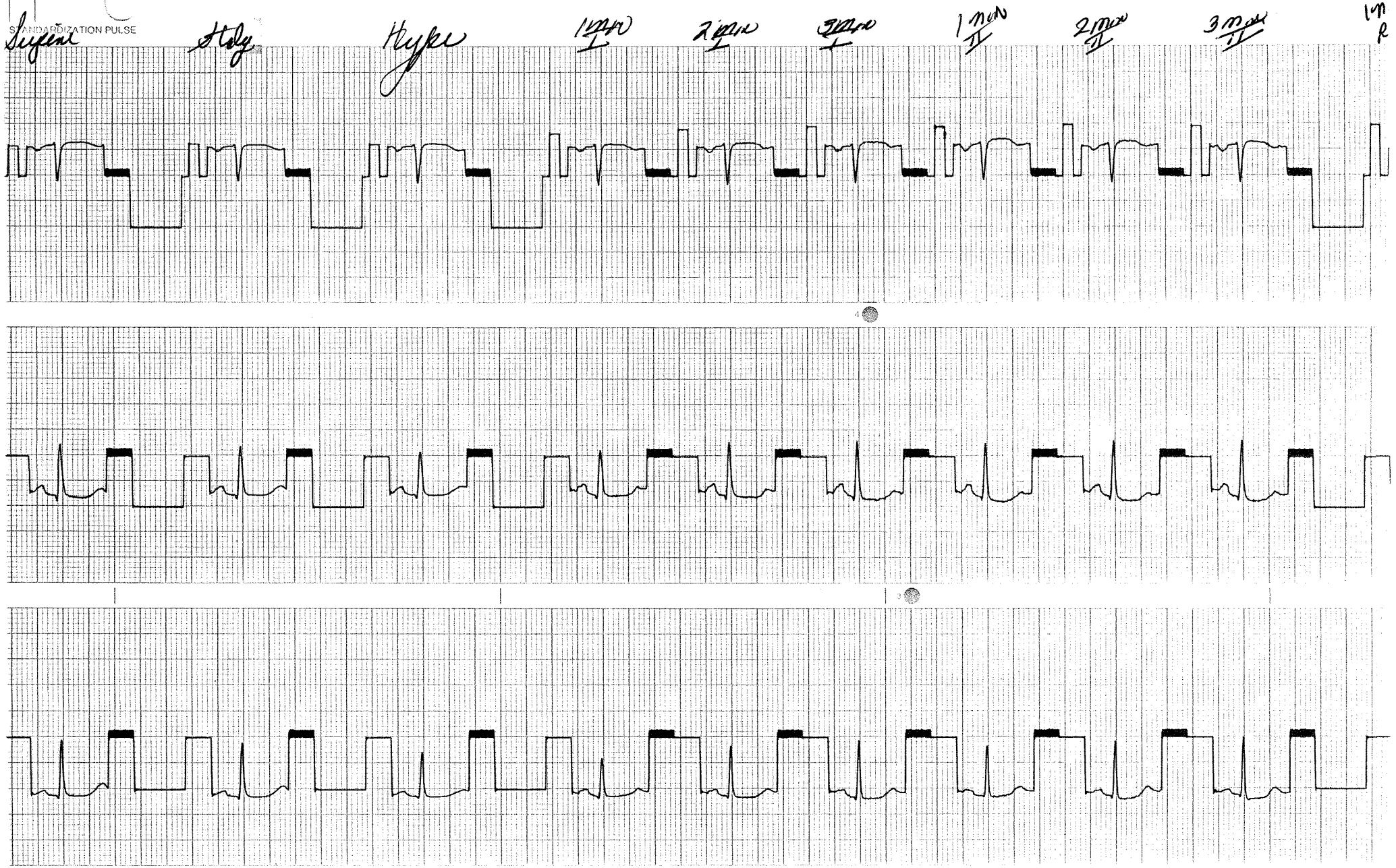
AXIS PR

QRS QT

RX

MD

Referring Physician



NAME

NO DATE

I	AVR	V1	V4
II	AVL	V2	V5
III	AVF	V3	V6

I II III RLF

V_{1-6}

STANDARDIZATION PULSE

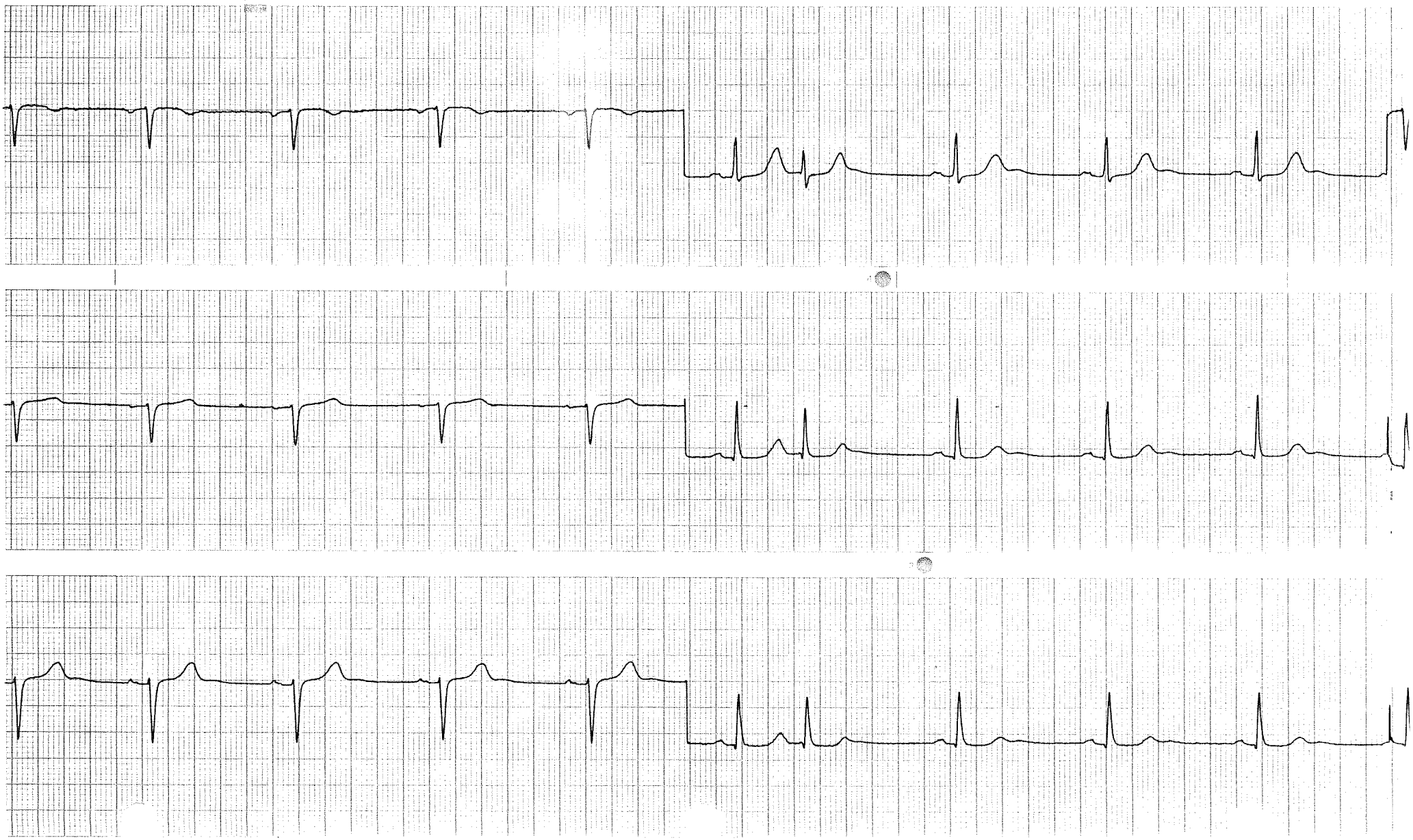
AGE RATE

AXIS PR

QRS QT

RX

MD



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C-31

CUYAHOGA COUNTY HOSPITAL

• TUBERCULOSIS CLINICS •
EAST
4520 CARNEGIE AVENUE • CLEVELAND, OHIO 44103 • 216-661-6600
WEST
6330 LORAIN AVENUE • CLEVELAND, OHIO 44102 • 216-281-4800

August19,1977

HENRY E. MANNING
PRESIDENT

J.B. STOCKLEN. M.D.
ACTING VICE PRESIDENT COMMUNITY HEALTH

FRITS VAN DER KUYP. M.D., M.P.H.
CONTROLLER OF TUBERCULOSIS

Dr , F.Plotkin
1611 S.Green Rd.
University Medical Building
South Euclid,Ohio 44121

Re: MARGULIS,
Margolis,Rose
2859 Brainard Rd,
L72325 8-11-77

Dear Dr, Plotkin:

The chest x-ray taken of the above mentioned patient was satisfactory.

Sincerely yours,

Frits van der Kuyp

Frits van der Kuyp, M.D.8 M.P.H.
Controller of Tuberculosis for
Cuyahoga County

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A TEACHING HOSPITAL OF CASE WESTERN RESERVE UNIVERSITY SCHOOLS OF MEDICINE AND DENTISTRY

LESTER PERSKY, M.D., INC.
UNIVERSITY HOSPITALS
2065 ADELBERT ROAD
CLEVELAND, OHIO 44106

July 25, 1977

Franklin Plotkin, M.D.
1611 Green Rd.
Cleveland, Ohio 44121

Dear Frank: Re: Rose Margolis

Rose Margolis was seen in May of this year because of total gross hematuria. We studied her as completely as we could with excretory urograms, this was normal, as was her cystoscopy which showed no neoplasm, ulcer or stone. Her chest plate was normal and all of her laboratory work were within normal range. I hope that this will help you with managing Mrs. Margolis.

Best regards,

Lester Persky

Lester Persky, M.D.

lk

DANIEL T. WEIDENTHAL, M.D., INC.
11201 SHAKER BOULEVARD
CLEVELAND, OHIO 44104

Telephone: 421.5210

November 14, 1977

Franklin Plotkin, M.D.
University Suburban Health Center
1611 Green Road
South Euclid, Ohio 44121

Dear Frank:

Mrs. Rose Margolis was treated with argon laser photocoagulation OS. Her retinal hole was completely surrounded by an adequate scar, and I don't anticipate any further difficulties. When I last saw her, she was completely distraught because of the medical condition of her husband. Evidently he developed a meningitis and is doing poorly. I saw him recently, when Mrs. Margolis had her laser treatment, and he seemed in good health. I don't anticipate that Mrs. Margolis will have any further problems.

I am most grateful for the referral.

Warmest personal regards,

Daniel T. Weidenthal, M.D.

DTW :amg

DANIEL T. WEIDENTHAL, M.D., INC.
11201 SHAKER BOULEVARD
CLEVELAND. OHIO 44104
Telephone: 421-5210

December 28,1977

Franklin Plotkin, M.D.
1611 S. Green Rd.
South Euclid, Ohio 44121

Dear Frank:

Rose Margolis is doing okay. I understand her husband in critical condition and may not survive. Her retinal problem is under control and I don't think she'll have this to worry about. I remember meeting her husband when she came in for treatment. Things certainly do change rapidly. Best wishes for a happy and healthy new year.

Warmest personal regards,

Daniel T. Weidenthal, M.D.

Daniel T. Weidenthal, M.D.

DTW: lp
dictated, but not read

DANIEL T. WEIDENTHAL, M.D., INC.
11201 SHAKER BOULEVARD
CLEVELAND. OHIO 44104
Telephone: 421-5210

March 1,1978

Franklin Plotkin, M.D.
1611 S. Green Rd.
South Euclid, Ohio 44121

Dear Frank:

I saw Rose Margolis a few weeks ago and she's doing quite well. As you know her husband died and she is very upset. I don't think she's going to have further trouble with this left eye. Her retinal tear is adequately surrounded by argon laser photocoagulation and shouldn't present a problem. I told her that if she felt that this eye was giving her any trouble in the future I'd be happy to see her at any time.

With warmest personal regards,

Daniel T. Weidenthal, M.D.

DTW: lp

DANIEL T. WEIDENTHAL, M.D., INC.
11201 SHAKER BOULEVARD
CLEVELAND, OHIO 44104
Telephone: 421.5210

November 12, 1979

Franklin Plotkin, MD.
1611 South Green Rd.
South Euclid, Ohio 44121

Dear Frank:

Rose Margolis came in recently complaining of a visual field defect that was particularly noticeable in her right eye. When she drove her car, she was having difficulty making right turns. She complained of no other neurologic deficit. Her visual fields were constricted in both eyes and there was nothing in her fundus to explain this. I told her that I felt she deserved a thorough neurologic work-up. Certainly, this is not an emergency but should be attended to. As you know, Mrs. Margolis developed a vitreous hemorrhage and a retinal tear which was treated with photocoagulation. This is not causing her any difficulties, but she did say it was due to trauma. She was leavinq €or Israel and as she walked out of the John in the El-E1 terminal the door was open sharply and struck her in the head. She said it was a few days after this that she developed her visual symptoms. She is rather intent on pursuing this legally. I told her that I would make a statement that this impact could possibly be the cause of her previous visual difficulty, but I made it clear that I thought it was a possible cause rather than a probable cause. I think she is somewhat unhappy with me about the stand that I took on this matter. In spite of this unhappiness I think it behooves us to thoroughly investigate her possible visual field defect and her subjective complaints. Any help you can give me on this matter would be greatly appreciated.

With warmest personal regards,

Dan

Daniel T. Weidenthal, MD.

DTW:lp

THE MT. SINAI
MEDICAL CENTER

One Mt. Sinai Drive
Cleveland, Ohio 44106-4198

216/421-4572

Steven B. Sorin, M.D.
Department of Medicine
Division of Rheumatology
Assistant Professor of Medicine
Case Western Reserve
University School of
Medicine

Dec. 23, 1986

Dr. Franklin Plotkin
1611 S. Green
Cleveland, OH 44122

RE: ROSE MARGOLIS

Dear Frank:

I would like to thank you for your kind referral of Rose Margolis whom I saw for rheumatologic evaluation on Dec. 19, 1986. As you know, Mrs. Margolis is a 67 year old woman who presented for evaluation of right knee pain and swelling. According to Mrs. Margolis her symptoms first began in Aug. of this year when she awakened with the spontaneous onset of right knee pain and swelling. She specifically denies any previous history of knee problems, nor was there any known injury to the knee. Since that time Mrs. Margolis has had persistent problems with the knee. She describes the pain in the knee as being fairly constant, although aggravated by walking and weight bearing. It affects primarily the lateral aspect of the knee, and is associated with considerable swelling of the joint. She describes a frequent sensation of giving way, but has never experienced any real locking or impingement. Mrs. Margolis has seen several orthopaedic surgeons and has had the knee aspirated and injected on several occasions; relief has, at best, been transient. Low doses of Motrin and Indocin, have, likewise, provided no relief.

Past medical history is well known to you. Mrs. Margolis reportedly had a remote myocardial infarction and is currently taking Procardia. A review of systems both general and connective tissue was otherwise entirely negative or non-contributory.

A general examination was entirely normal with particular reference to the neurovascular and muscular systems. There were some symptoms and findings suggestive of right median nerve compression, but no overt atrophy or weakness was noted. This has apparently been a long standing problem. Joints were otherwise normal except for the right knee. Here there was considerable joint swelling and modest

(continued)

Affiliated with Case Western Reserve University School of Medicine and The Jewish Community Federation

tenderness mostly over the lateral joint line. There was no limitation of motion, but there was some fine crepitus and mild laxity. X-rays of the knee done in Aug. appeared to be quite normal.

Frank, after all of this we were still left with the differential diagnosis of chronic monoarthritis. Despite 3 previous aspirations Mrs. Margolis told me that no one had ever evaluated the fluid any further. Therefore, for purely diagnostic purposes I aspirated the right knee for 30 cc. of dark yellow fluid which microscopically showed very few white cells and no crystals were observed. The white count on the fluid was only 1,000 with 25% polys. Clearly, this exludes all of the inflammatory causes of chronic monoarthritis, specifically monoarticular rheumatoid, persistent crystal synovitis, and even chronic infections. Of the non-inflammatory causes, mechanical derangement has to head the list. My own guess is a degenerative lateral meniscal tear, but this is pure speculation. Other possibilities include an area of osteonecrosis not yet present on the initial X-rays, and even pigmented villonodular synovitis. In order to better evaluate some of these possibilities I have asked Mrs. Margolis to have repeat knee films done at the X-ray department in your building for comparison purposes.

Now that I have gotten all of that out of the way, what to do? Even the orthopaedists will admit that the results of arthroscopic debridement are less gratifying in a patient like Mrs. Margolis than in a 22 year old football player. Therefore, before moving in that direction I would like to attempt an adequate trial of non-surgical treatment. I suggested that Mrs. Margolis try using Feldene 20 mg. daily in place of the very low dose Indocin. I also instructed her on a program of quadriceps strengthening exercises (they can't hurt), and last but not least recommended that she try using an elastic knee support. If there is no improvement in the next 1 to 2 weeks, I would then plan on switching over to Naprosyn for 2 weeks before recommending that she go ahead with the arthroscopy.

Once again, Frank, I would like to thank you for the opportunity

(continued)

of seeing Rose Margolis. I am afraid I have not answered all of her questions, nor I am sure yours either, but I think this is a reasonable approach. I have asked Mrs. Margolis to get back in touch with me within the next week or two, and will be interested to see how things come along. I will be staying in touch.

With best regards,

Steve

SBS:jw

THE MT. SINAI
MEDICAL CENTER

One Mt. Sinai Drive
Cleveland, Ohio 44106-4198

216/421-4572

Steven B. Sorin, M.D.
Department of Medicine
Division of Rheumatology
Assistant Professor of Medicine
Case Western Reserve
University School of
Medicine

November 12, 1987

Franklin Plotkin! M.D.
1611 South Green Road
Cleveland, Ohio 44121

RE: MARGOLIS, Rose

Dear Frank:

After near a one-year hiatus, I had the pleasure of seeing Rose Margolis for reevaluation on November 10, 1987. Overall, she had really done very well without me, hard as that may be to believe. The right knee pain and swelling had been reasonably well-controlled with the use of a knee brace and Feldene, although Mrs. Margolis was still not able to walk much more than **2** or **3** blocks. She had also done well following her right carpal tunnel release! although she now complained of an incidental left 3rd trigger finger.

Examination did show significant improvement. There was still a very small, relatively asymptomatic right knee effusion, but minimal tenderness and limitation of motion. In view of the improvement, I merely suggested that Mrs. Margolis continue with what seems to be working and also went ahead and injected the left 3rd flexor tendon nodule, the cause of her triggering.

I expect I'll see Mrs. Margolis again in about a year or so, sooner if there are problems. I will be staying in touch.

With best regards,

Steve

SS/kr

Affiliated with Case Western Reserve University School of Medicine and The Jewish Community Federation

CASE WESTERN RESERVE UNIVERSITY == UNIVERSITY HOSPITALS OF CLEVELAND

THOMAS E. DRISCOL, M.D.
Division of Cardiology

2065 Adelbert Road
Cleveland, Ohio 44106
Office (216) 444-3149
Call Service (216) 231-5700

July 24, 1984

Franklin Plotkin, M.D.
University Suburban Health Center
1611 South Green Road
South Euclid, Ohio 44118

RE: Rose Margolis

Dear Frank:

Enclosed is a copy of the catheterization report on Mrs. Margolis. Thanks for asking me to see her.

Best regards,

Thomas E. Driscol, M.D.

TED/we
enclosure

UNIVERSITY HOSPITALS OF CLEVELAND
CARDIAC CATHETERIZATION REPORT
CLEVELAND, OHIO 44106

2 F. Phillips

AGE: 64YR. SEX:F HT.:152 CM WT.:61. KGS
HOSP.#1066--312 DATE:07/17/1984 BSA: 1.58SQ M
PHYSICIAN: DRISCOL T./SECHLER J.

PROCEDURES :

LEFT HEART CATHETERIZATION
CORONARY ARTERIOGRAMS
RT. BRACHIAL TECHNIQUE

CATHETERS :

SONES NO.	8.0F
PIGTAIL NO.	7.0F

DRUGS :

NITROGLYCERINE	(SUBL)	.4MG
DIAZEPAM	(I-IV)	2.5MG
DIAZEPAM	(I-IV)	2.5MG
DIAZEPAM	(I-IV)	2.0MG

X-RAY :

LV-CINE RAO	30.DEG
CORONARY ARTERIOGRAMS	*****

FINDINGS :

CORONARY ARTERY DISEASE
SEE COMMENTS SECTION

COMMENTS :

RIGHT CORONARY: MILD DIFFUSE NARROWING IN PROXIMAL THIRD, TOTAL OCCLUSION OF MID RIGHT CORONARY ARTERY. FAINT FILLING OF DISTAL BRANCHES BY COLLATERALS.

LEFT CORONARY: NORMAL LEFT MAIN. 40% NARROWING IN PROXIMAL LEFT ANTERIOR DESCENDING AND MINOR IRREGULARITIES THROUGHOUT AND IN LEFT CIRCUMFLEX. RETROGRADE FILLING OF POSTERIOR DESCENDENS BRANCH OF RCA.

LEFT VENTRICULAR MORIOGRAM: NORMAL SIZE LV. GOOD CONTRACTION AND EJECTION FRACTION. NO FOCAL

ABNORMALITY.

NO COMPLICATIONS.

TEST STATUS : ROOM AIR,REST

PRESSURES :

LEFT VENTRICLE		
PEAK SYSTOLIC	102	MMHG
PEDTL/END DIASTOLIC	1.0/ 9.1	MMHG
SYS/DIAS MEAN	87./ 3.	MMHG
SYS/DIAS PERIOD	18.2/ 28.5	SEC/M
AORTA		
PEAK SYS/DIAS	135/48.	MMHG
MEAN SYS/MEAN	84./71.	MMHG
SYS EJCT PERIOD	23.6	SEC/M
HEART RATE	55.	BPM

THE MT. SINAI MEDICAL CENTER

Department of Laboratories

PATIENT SUMMARY REPORT

,ate: 12/12/87 Room: 901 **Patient Name:** MARGOLIS ROSE RUDD
Time: 07:25 Dr.: SORIN, STEVEN **Number:** 22977
Age & Sex: 68 F

ADMITTING DIAGNOSIS: RHEUMATOID ARTHRITIS

REPORT CONTAINS DATA FROM 12/19/1986 TC 11/11/1987

**********CHEMISTRY**********DR. M. SEALFON (PHD)

	ECHEM CREAT	CA	PHOS
BLOOD			
NORMALS	0.6-1.3	8.5-10.5	2.5-4.5
UNITS	MG/DL	MG/DL	MG/DL
DEC 19 1900	1.2	9.9	3.8
NOV 10 2130	1.3	9.8	
	(11/11/87)	(11/11/87)	

CHOLESTEROL AGE 30-40 MOD RISK=220-240 / HIGH RISK=>240

CHOLESTEROL AGE >40 MOD RISK=240-260 / HIGH RISK=>260

	URIC	TOT PROT	ECHEM ALB	SGOT	TBILI	ALKPHOS ALKPHOS
BLOOD						
NORMALS	3.0-8.0	6.0-8.0	3.8-5.0	5.-4c.	0.1-1.0	43.-122.
UNITS	MG/DL	G/DL	G/DL	IU/L	MG/DL	IU/L
DEC 19 1900	6.6	6.7	4.2	11.	0.9	63.
NOV 10 2130		6.5	4.0	15.		81.
		(11/11/87)	(11/11/87)			(11/11/87)

**********HEMATOLOGY**********DR. W. STERIN

HEMATOLOGY ROUTINE

	CBC WBC	RBC	HGB	HCT	MCV	MCH
BLOOD						
NORMALS	4.5-11.0	3.5-5.5	12.0-15.0	36.-48.	79.-98.	25.0-35.0
UNITS	/CU MM	/CU MM	GMS/DL	%	U*3	UU*G
DEC 19 1900	10.7	4.?	13.8	41.	100. H	33.3
NOV 10 2130	13.6 H	4.1	13.5	40.	97.	32.6
	(11/11/87)					

	MCHC	RDW	PLAT CT	MPV
BLOOD				
NORMALS	30.0-37.0	10.0-11.5	140.-440.	5.9-11.9
UNITS	%	UNITS	K/CUMM	
DEC 19 1900	37.4	11.1	269.	10.8
NOV 10 2130	33.6	10.0	320.	11.7

THE MT. SINAI MEDICAL CENTER

Department of *Laboratories*

PATIENT SUMMARY REPORT

Date: 12/12/57 Room: 901 Patient Name: MARGOLIS ROSE RUDD
Time: 07:25 Dr.: SORIN, STEVEN Number: 22977
Age & Sex: 68 F

ADMITTING DIAGNOSIS: RHEUMATOID ARTHRITIS

REPORT CONTAINS DATA FROM 12/19/1986 TO 11/11/1987

**********CHEMISTRY**********DR. M. SEALFON (PHD)

	ECHEM CREAT	CA	I Pi-cs
BLOOD			
NORMALS	0.6-1.3	8.5-10.5	2.5-4.5
UNITS	MG/DL	MG/DL	MG/DL
DEC 19 1900	1.2	9.9	3.8
NOV 10 2130	1.3	9.8	
	(11/11/87)	(11/11/87)	

CHOLESTEROL AGE 30-40 MOD RISK=220-240 / HIGH RISK=>240

CHOLESTEROL AGE >40 MOD RISK=240-260 / HIGH RISK=>260

	URIC	PROT	ECHEM ALB	SGOT	TBILI	ALKPHOS ALKPHOS
BLOOD						
NORMALS	3.0-8.0	6.0-8.0	3.8-5.0	5.-40.	0.1-1.0	43.-122.
UNITS	MG/DL	G/DL	G/DL	IU/L	MG/DL	IU/L
DEC 19 1900	6.4	6.7	4.2	11.	0.9	63.
NOV 10 2130		6.5	4.0	15.		El.
		(11/11/87)	(11/11/87)			(11/11/87)

**********HEMATOLOGY**********DR. W. STERIN

HEMATOLOGY ROUTINE

	CBC WBC	RBC	HGB	HCT	MCV	MCH
BLOOD						
NORMALS	4.5-11.0	3.5-5.5	12.0-15.0	36.-48.	79.-92.	25.0-35.0
UNITS	/CU MM	/CU MM	GMS/DL	%	U*3	UU*G
DEC 19 1900	10.7	4.2	13.8	41.	100. H	33.3
NOV 10 2130	13.6 H	4.1	13.5	40.	97.	32.6
	(11/11/87)					

	MCHC	RDW	PLAT CT	MPV
BLOOD				
NORMALS	30.0-37.0	10.0-11.5	140.-440.	5.9-11.9
UNITS	%	UNITS	K/CUMM	
DEC 19 1900	33.4	11.1	269.	10.8
NOV 10 2130	33.6	10.0	320.	11.7

CLIN. DIAG.:

MARGOLIS, ROSE

7-19-77

PATIENT

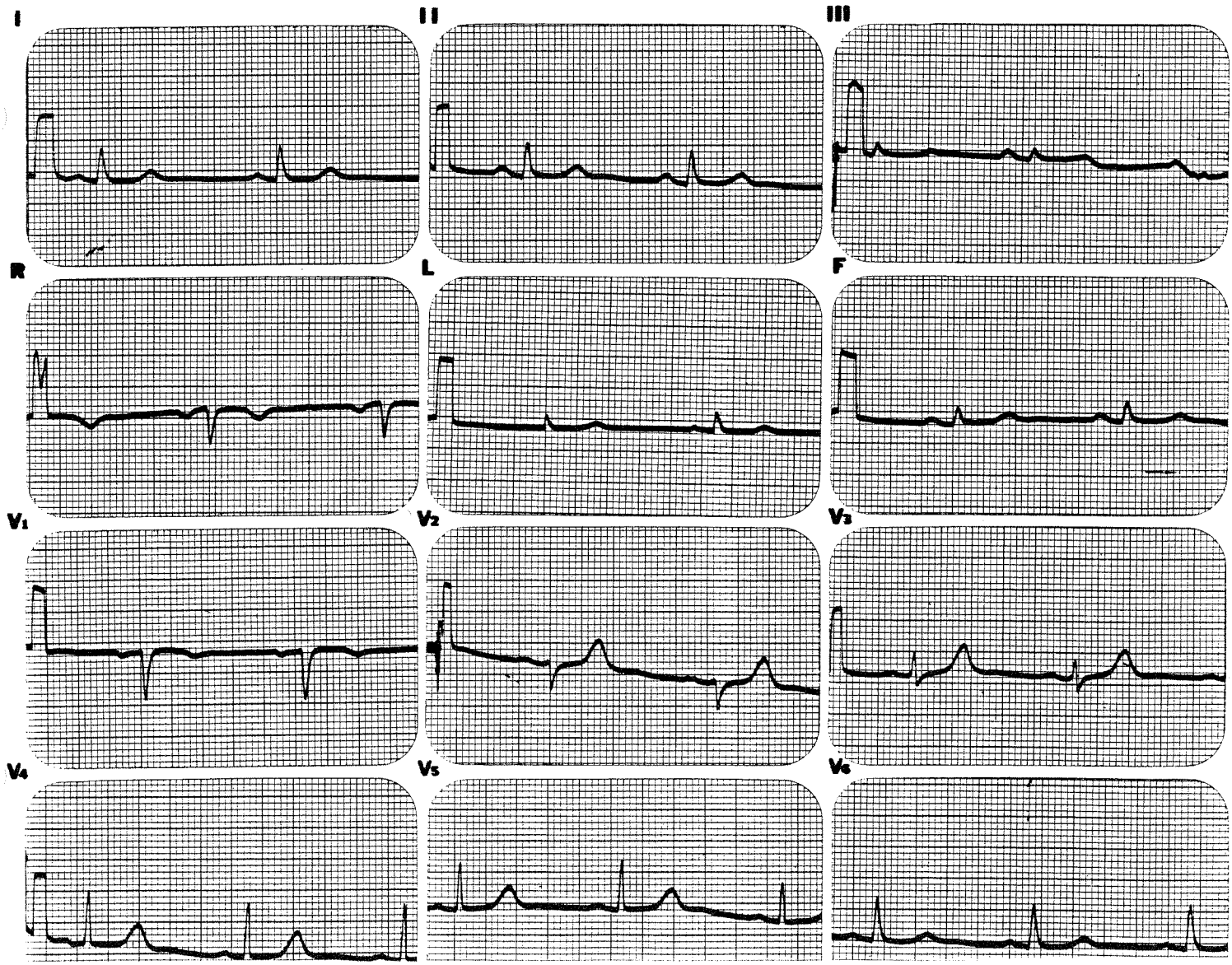
JIG. ( ) QUIN. ( ) AGE SEX B.P.

DATE :
ECG DESCRIPTION:

INTERPRETATION :

ECG REQUEST BY .....
ATR. RATE ..... VENTR. RATE .....
INTERVALS : P-R..... QRS..... QTc.....
AXIS:
RHYTHM:

INTERPRETED BY: .....



PATIENT Rose Margolis NO. _____ DATE 12/15/86

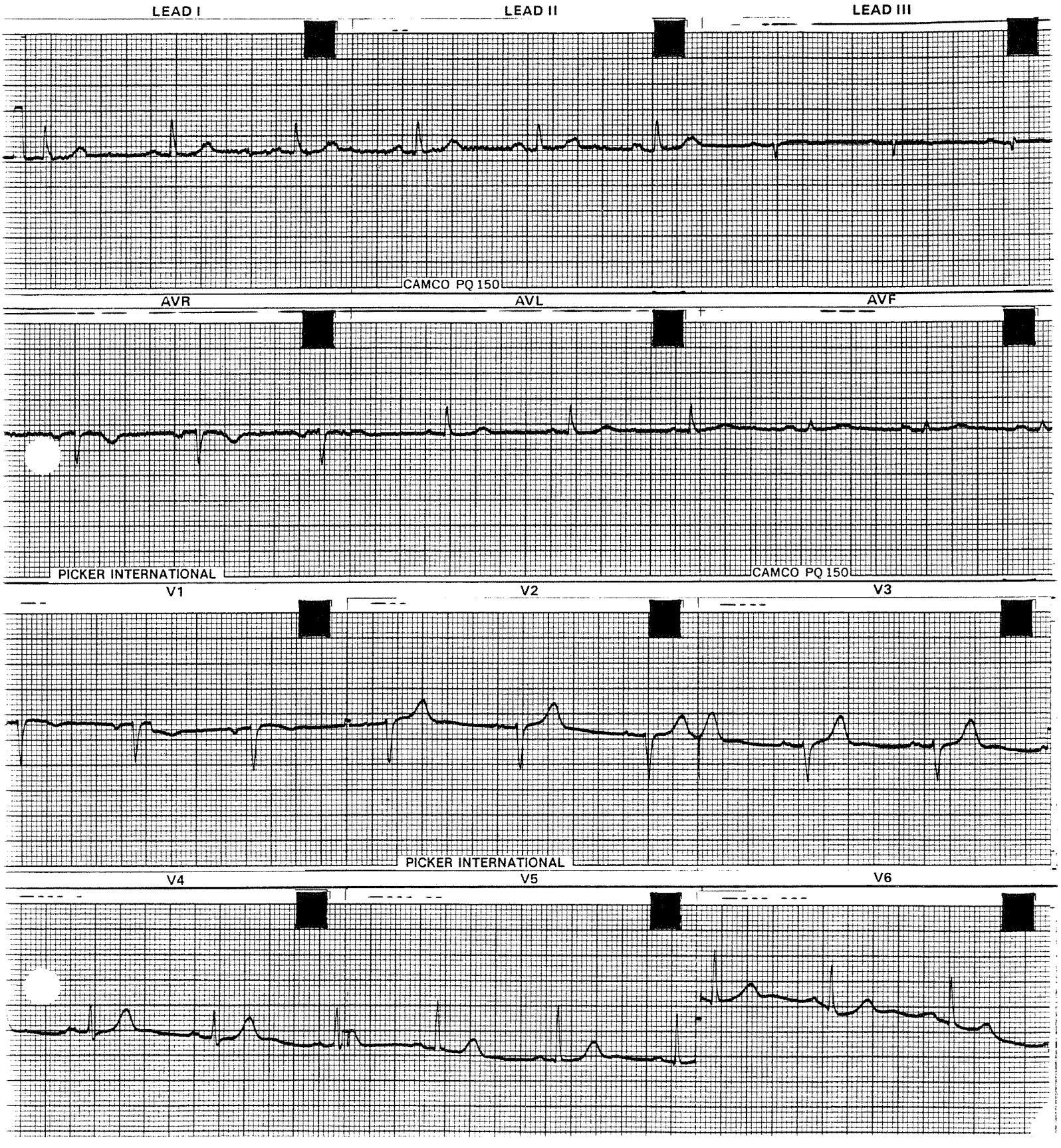
SEX _____ AGE _____ HEIGHT _____ WEIGHT _____ B/P _____ POSITION _____

DRUGS _____ RATE: ATRIAL _____ VENT. _____ AXIS _____

INTERVAL: PR _____ QRS _____ QT _____ RHYTHM _____

INTERPRETATION _____

_____ INTERPRETED BY _____



PATIENT Rose Margolis NO. DATE 8-14-84

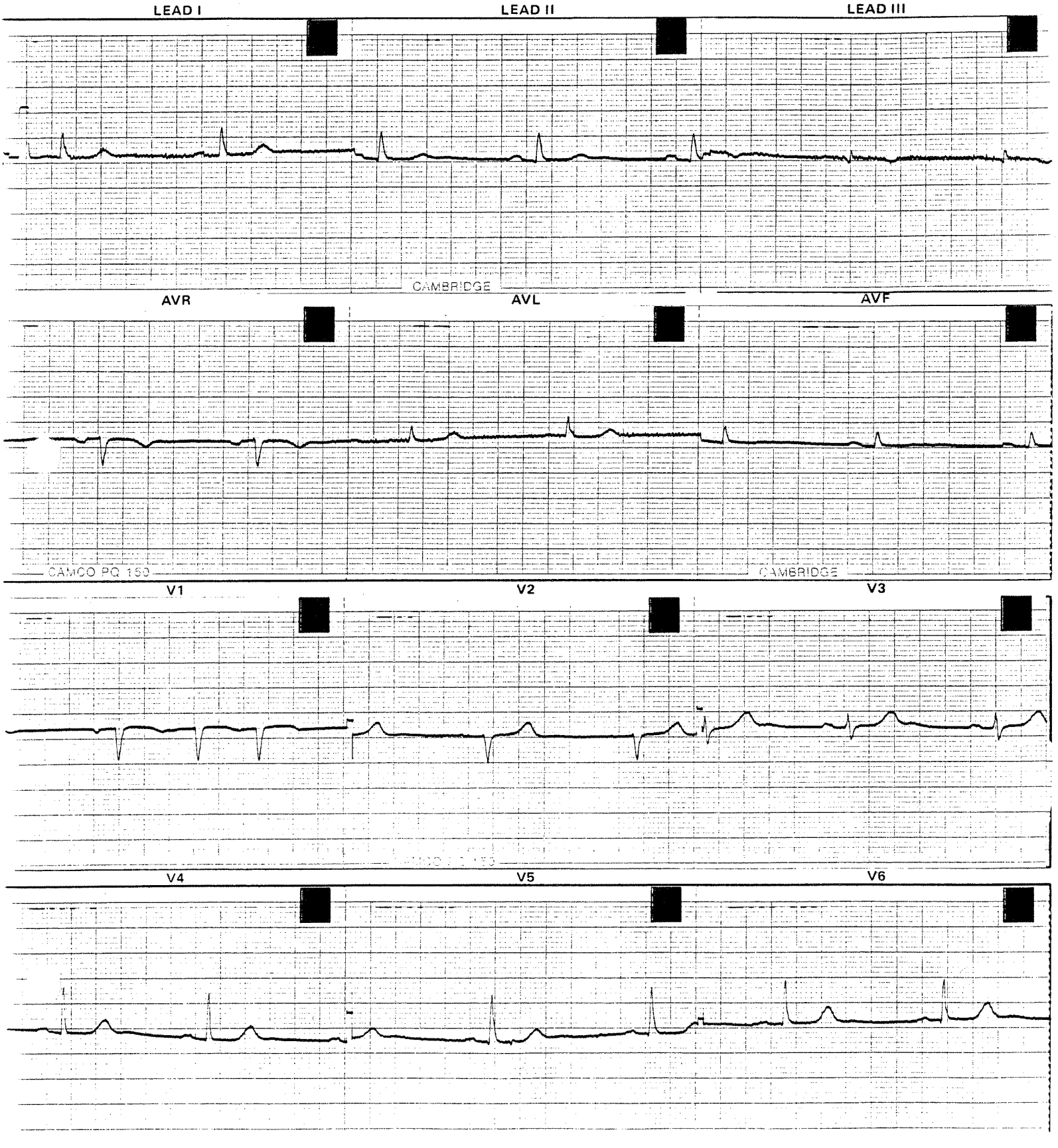
SEX AGE HEIGHT WEIGHT B/P POSITION

DRUGS RATE: ATRIAL, VENT. AXIS

INITIAL: PR QRS QT RHYTHM

INTERPRETATION

INTERPRETED BY



PATIENT Rose Margolis NO. _____ DATE 11-12-84 AP

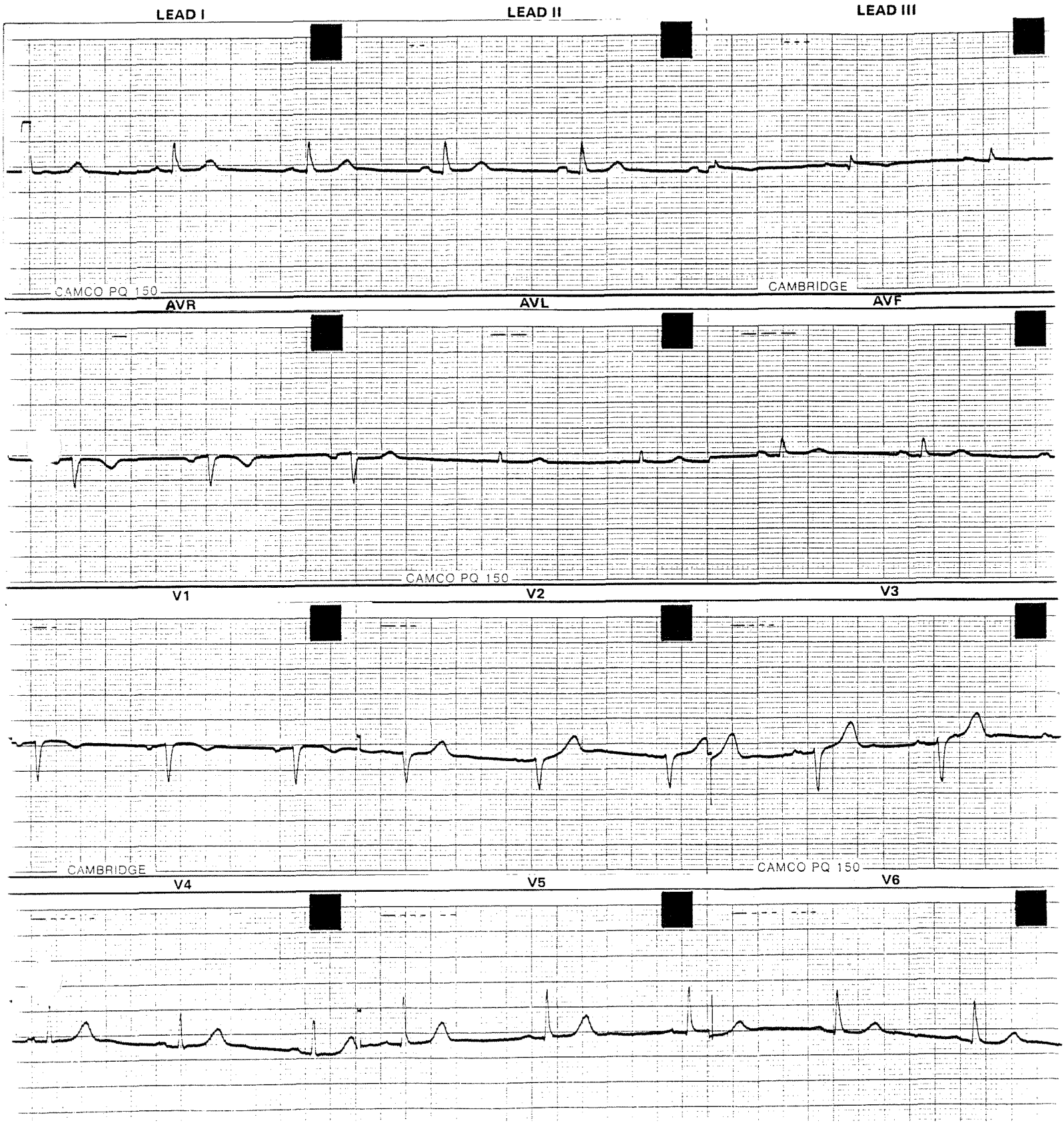
SEX _____ ACE _____ HEIGHT _____ WEIGHT _____ B/P _____ POSITION _____

DRUGS _____ RATE: ATRIAL _____ VENT. _____ AXIS _____

IN, VAL: PR _____ QRS _____ QT _____ RHYTHM _____

INTERPRETATION _____

INTERPRETED BY _____



PATIENT Rose Margolis NO. _____ DATE 12-20-84

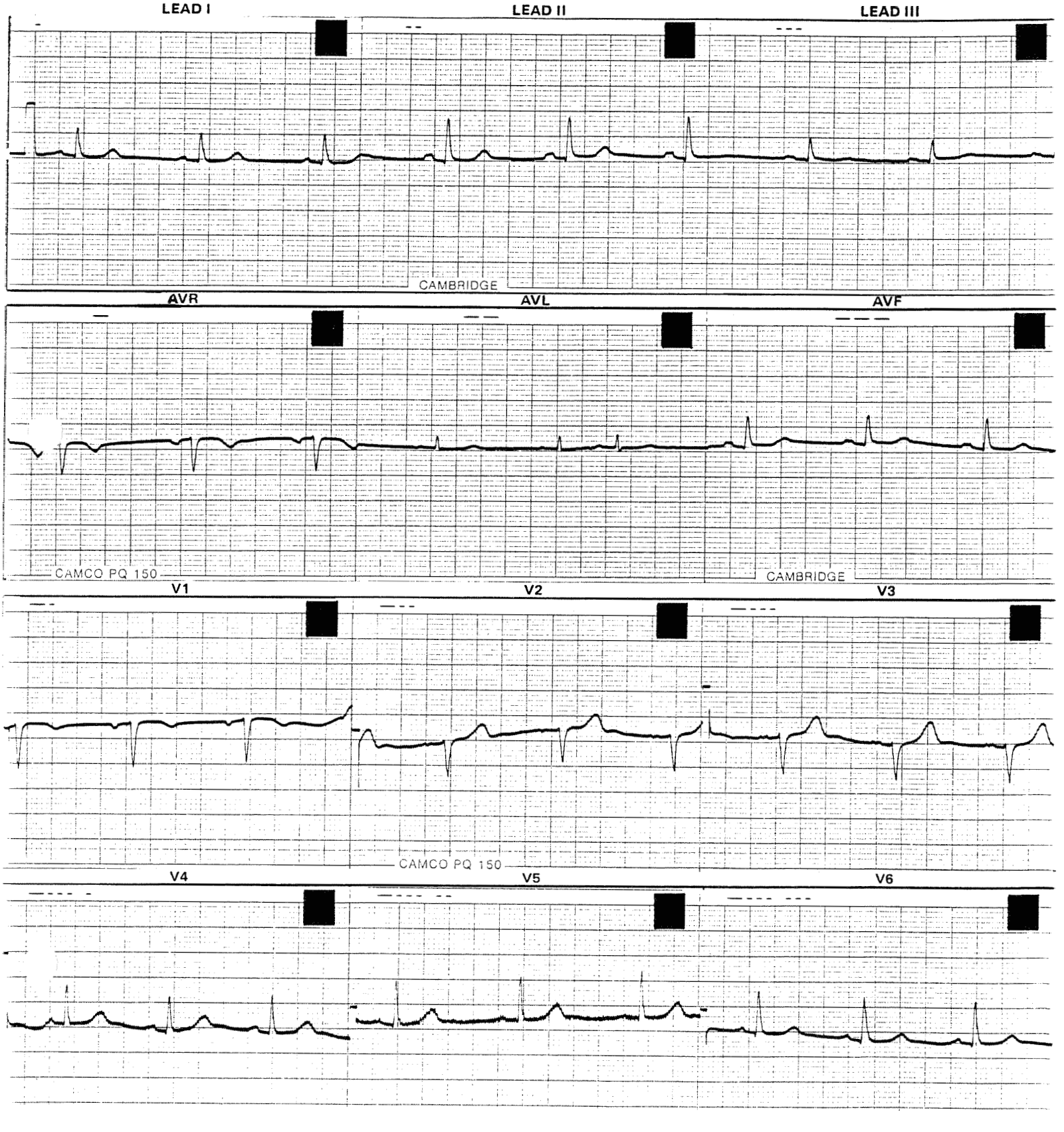
SEX _____ AGE _____ HEIGHT _____ WEIGHT _____ B/P _____ POSITION _____

DP S _____ RATE: ATRIAL _____ VENT. _____ AXIS _____

INTERVAL: PR _____ QRS _____ QT _____ RHYTHM _____

INTERPRETATION _____

_____ INTERPRETED BY _____



PATIENT Rose Margolis NO. _____ DATE 7-10-85 FP

SEX _____ AGE _____ HEIGHT _____ WEIGHT _____ B/P _____ POSITION _____

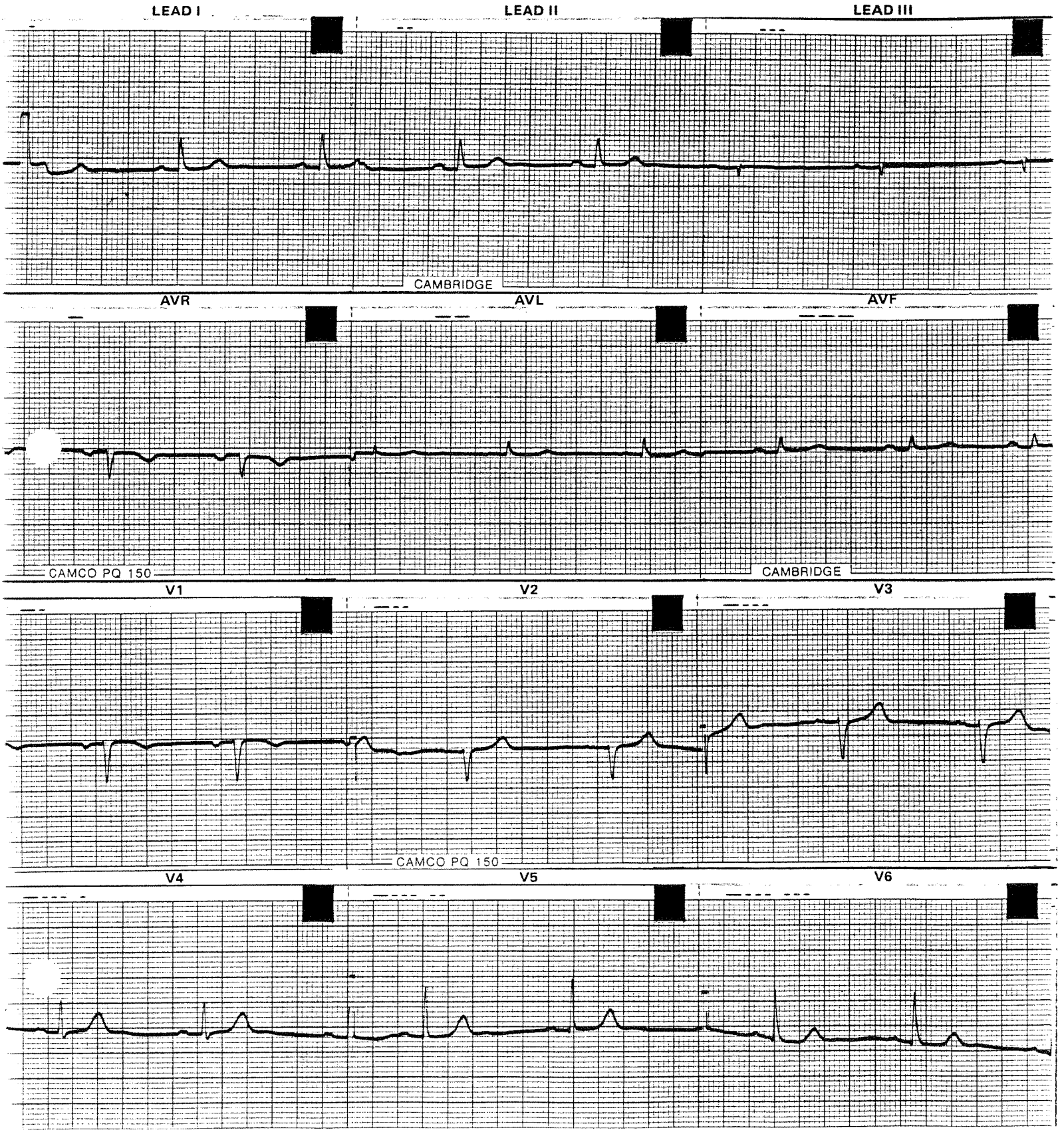
DRUGS _____ RATE: ATRIAL _____ VENT. _____ AXIS _____

IN1 'AL: PR _____ QRS____ _____ QT_____ RHYTHM _____

INTERPRETATION _____

_____

_____ INTERPRETED BY _____



'ATIENT ROSE MARGOLIS NO. _____ DATE 7-20-87

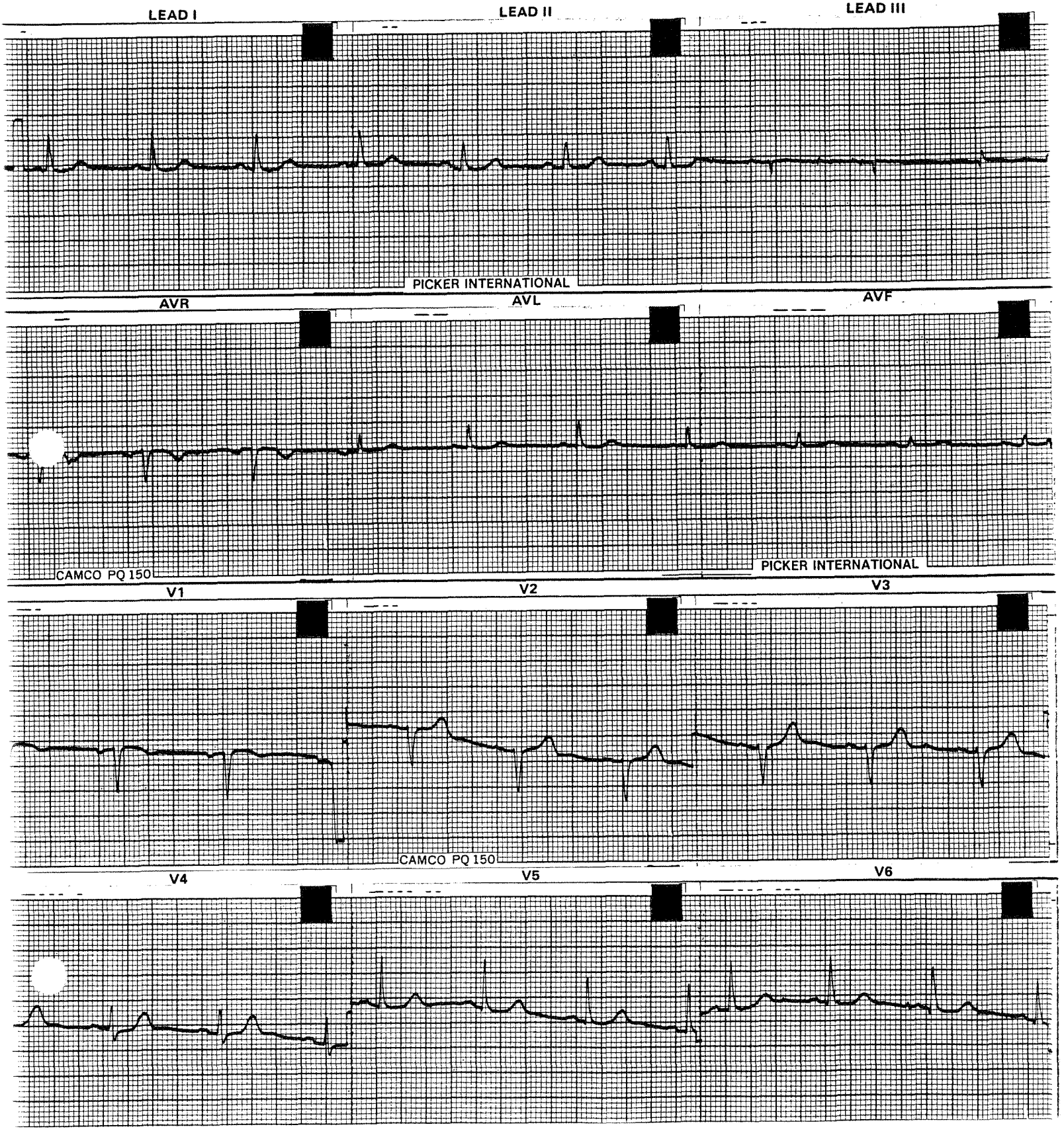
;EX _____ AGE _____ HEIGHT _____ WEIGHT _____ B/P _____ POSITION _____

)RUGS _____ RATE: ATRIAL _____ VENT. _____ AXIS _____

NT AL: PR _____ QRS _____ _____ QT _____ RHYTHM _____

NTERPRETATION _____

_____ INTERPRETED BY _____



3

UNIVERSITY HOSPITALS OF CLEVELAND

CLINICAL RESUME
(OPTIONAL HANDWRITTEN FORMAT)

HOSP NO. DATE
MARGOLIS, ROSE
SERVICE 066 312 7-11-84
MED MONTENEGRO P
SEX AGE F 10-21-19
DIVISION LKSD MIC
ROOM NO. CM

OPTIONAL ORDER OF RECORDING

A. NARRATIVE METHOD

1. CHIEF COMPLAINT
2. PERTINENT HISTORICAL AND PHYSICAL FINDINGS
3. HOSPITAL COURSE (INC. PERTINENT LAB, X-RAYS, CONSULTATIONS, COMPLICATIONS, PATH AND OPERATIONS)
4. RECOMMENDATIONS FOR FUTURE CARE
5. HOMEGOING INSTRUCTIONS
6. CONDITION ON DISCHARGE
7. PROGNOSIS

FINAL DIAGNOSIS

B. PROBLEM ORIENTED METHOD

. CHIEF COMPLAINT
. PROBLEM LIST AT DISCHARGE
. INACTIVE PROBLEMS
. MEDICATIONS AT DISCHARGE
. PROJECTED FUNCTION IN 2 WEEKS
. FOLLOWUP PLANS
. BRIEF NOTES ON ACTIVE PROBLEMS

L5yo old WF admitted after persistent bouts of anterior chest pain. EKG revealed significant ST segment elevation in leads II, III & AVF with inverted T waves in the ant leads.

Her immediate post MI course was uneventful. She was given IV streptokinase in hopes of limiting the myocardial damage with improvement of the EKG changes. However, she became bradycardic and hypotensive requiring atropine and a NTG drip for anginal pain. This problem subsided and both medications were D/Ced. She was kept on nitropaste and started on nifedipine.

Coronary angio shows an occlusion of the LCA in the middle third. There was also a 70% narrowing in the LAD. There was no hypodynamic area in the LV ventricle.

Her course was uneventful. She was discharged on nifedipine 10 tid (on) Ambien NTG as needed.

Prognosis - good

7/11 - 7/21/84

COPIES DESIRED: (CHECK BOX)

ATTENDING PHYSICIAN ☐

OTHER (INDICATE ADDRESS) ☐ _____

DISTRIBUTION: WHITE - PATIENT RECORD PINK - ATTENDING PHYSICIAN (IF INDICATED ABOVE)

PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE	DATE
[signature]		7/21/84

CLINICAL RESUME

IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

MICHELE M. KAY,
ADMINISTRATRIX, etc.,

Plaintiff,

-vs-

JUDGE FRIEDLAND
CASE NO. 187067

FRANKLIN PLOTKIN, M.D.,
et al.,

Defendants.

- - - -

Deposition of FRANKLIN H. PLOTKIN, M.D., taken as if upon cross-examination before Susan M. Cebron, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Franklin H. Plotkin, M.D., 1611 S. Green Road, South Euclid, Ohio, at 3:10 p.m. on Wednesday, August 8, 1990, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

- - - -

MEHLER & HAGESTROM
Court Reporters
1750 Midland Building
Cleveland, Ohio 44115
216.621.4984
FAX 621.0050
800.822.0650

TO **THE** WITNESS: DO NOT **WRITE** IN TRANSCRIPT EXCEPT TO SIGN. Please note any word changes/corrections on this sheet only. Thank you.

TO **THE** REPORTER: I have read the entire transcript of my deposition taken on the __ day of _____, 19__, or the same has been read to me. I request that the following changes be entered upon the record for the reasons indicated. I have signed my name to the signature page and authorized you to attached the foilowing changes to the original transcript:

PAGE	LINE	CORRECTION OR CHANGE AND REASON THEREFOR
4	7	DEWITT CLINTON
12	9,10	REGIONAL ENTERITIS
33	18	DISEASE,..SO SHE CAME IN. THE CHEST PAIN....
36	10	THAT'S NECESSARY
38	2.	I WAS FEELING, TO A CERTAIN ~~EE~~ EXTENT
		A LITTLE BIT OF A SENSE...
48	1	DR RODA

9/24/90
Today's date

Signature of Deponent