STATE OF OHIO)
) SS: IN THE COURT OF COMMON PLEAS
MAHONING COUNTY)

CASE NO. 96 CV 2055

DOROTHY A. GONDA, Individually and as Administratrix of the Estate of DAVID PAUL GONDA, Deceased

Plaintiff

VS.

HM HEALTH SERVICES, **ET AL**

Defendants

DEPOSITION

OF

DR. JUAN RUIZ

DEPOSITION taken before me, Lisa C. Nagy-Baker, a Notary Public within and for the State of Ohio, on the 13th Day of February, A.D., 1998, pursuant to Notice and at the time and place therein specified, to be used pursuant to the Rules of Civil Procedure or by agreement of counsel in the above cause of action, pending in the Court of Common Pleas, within and for the County of Mahoning, State of Ohio.

APPEARANCES

On Behalf of Plaintiff:

David W. Malik, Attorney at Law
Todd Schrader, Attorney at Law
8228 Mayfield Road, Suite **IV** B
Chesterland, OH 44026

Mark W. Ruf, Attorney at Law
700 West St. Clair Avenue
Suite 300
Cleveland, OH 44113

On Behalf of Defendant,
Dr. Juan Ruiz:

Thomas J. Travers, Jr., Attorney at Law
Manchester, Bennett, Powers & Ullman
Atrium Level Two - The Commerce Building
Youngstown, OH 44503

On Behalf of Defendants, Drs.
Alan J. Cropp and Dr. Robert DeMarco:

Stephen P. Griffin, Attorney at Law
Buckingham Doolittle & Burroughs, LLP
3721 Whipple Avenue, NW
Canton, OH 44735-5548

On Behalf of Defendant,
Dr. Alejandro Franco:

James L. Blomstrom, Attorney at Law
Harrington Hoppe & Mitchell Ltd.
1200 Mahoning Bank Building
Youngstown, OH 44503

On Behalf of Defendant, St. Elizabeth
Hospital Medical Center:

Marshall D. Buck, Attorney at Law
Comstock, Springer & Wilson
926 City Centre One Building
Youngstown, OH 44503

STIPULATIONS

It is stipulated and agreed by and between counsel for the parties hereto that the deposition may be taken at this time, 2:20 p.m., February 13, 1998, in the offices of Dr. Juan Ruiz, 725 Boardman-Canfield Road, Youngstown, Ohio.

It is further stipulated and agreed by and between counsel that the deposition may be taken in shorthand by Lisa C. Nagy-Baker, a Notary Public within and for the State of Ohio, and may be by her transcribed with the use of computer-assisted transcription; that the witness will read and sign the finished transcript of his deposition.

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Nagy-Baker Court Reporting
810 Mahoning Bank Building
Youngstown, Ohio 44503
(330) 746-7479

February 23, 1998

Atty. Thomas J. Travers, Jr.
Manchester, Bennett, Powers & Ullman
Atrium Level Two - The Commerce Building
Youngstown, OH 44503

RE: Gonda vs. HM Health Services, et al

Dear Atty. Travers:

Enclosed please find the finished transcript of the deposition which was taken in the above case. As requested, I am submitting this transcript to you for Dr. Ruiz to review.

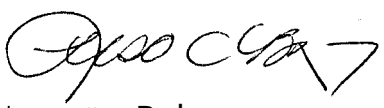
If he wishes to make any corrections, please have him indicate so on Page 114-A only. On this page you will note that there are blanks provided for the page number, line number and correction.

When Dr. Ruiz is finished reviewing the deposition, he is required to sign both Pages 114 and 114-A, and his signature to Page 114 must be witnessed by a Notary Public. The Rules of Civil Procedure provide seven (7) days in which to read and sign the deposition; otherwise, signature is waived.

After the deposition has been signed, please mail Pages 114 and 114-A to me at the above address for distribution to other counsel.

Thank you very much for your time and consideration in the matter. If you have any questions at all, please don't hesitate to call me at the above number.

Sincerely,



Lisa C. Baker

Enclosure
cc: Atty. All counsel

REPORTER'S CERTIFICATE

I HEREBY CERTIFY that the above and foregoing is a true and correct transcript of all the testimony introduced and proceedings had in the taking of the testimony in the above-entitled matter, as shown by my stenotype notes taken by me at the time said testimony was taken.

Lisa C. Nagy-Baker
Registered-Merit Reporter

WHEREUPON,

DR. JUAN RUIZ,

of lawful age, being by me first duly sworn to testify the truth, the whole truth, and nothing but the truth, as hereinafter certified, deposes and says as follows:

CROSS EXAMINATION:

BY MR. RUF

MR. TRAVERS: I would be happy to acknowledge for the record that Attorney Ruf is beginning the examination of Dr. Ruiz in the expectation that Mr. Malik will take over for him, and I have agreed to that arrangement and, in fact, suggested it because we're now more than 20 minutes after the time that the deposition was supposed to start, and we have four defense lawyers and the doctor here and two lawyers for the plaintiff; so I think it's a correct statement to say that we have agreed to begin with Mr. Ruf questioning the Doctor concerning his qualifications, training, background.

Q (BY MR. RUF) Doctor, could you please state your name and spell your name.

A Juan A. Ruiz; Juan spelled J-U-A-N; middle initial A; last name is R-U-I-Z.

Q And what is your professional address?

A This present here is 725 Boardman-Canfield Road, Building Θ, like the letter Θ; and it's in Boardman, or Youngstown, Ohio, 44512.

Q What is your home address?

A 1600 Walker Mill, two different words, Road in Poland, Ohio, 44514.

Q Doctor, my name is Mark Ruf. I along with Dave Malik are representing the plaintiffs. If at any time I ask you a question and you do not understand the question, then you need to speak up and say that. If you give an answer to a question, we'll assume that you've understood the question. Okay?

A That's fine.

Q Also you need to give verbal answers during the deposition.

A Yes, sir.

Q Are you currently licensed to practice medicine in the State of Ohio?

A Yes, sir.

Q When did you obtain your license?

A 1965.

Q Have you continuously had your license in the State of Ohio since 1965?

A Yes, sir.

Q At any time has your medical license been

subject to disciplinary action?
A Never, sir.
Q Are you licensed to practice medicine in any other state?
A Not at the present time. My original license was from Virginia, but since I have no reason to practice in Virginia, I did not submit the dues, so I guess I dropped out.
MR. TRAVERS: So that answer would be no.
A No; right.
Q You were originally licensed to practice medicine in Virginia?
A That's where I took the original board in Virginia; the Ohio license is by reciprocity through Virginia.
MR. TRAVERS: So that answer would be yes.
A Okay.
Q What years were you licensed to practice medicine in Virginia?
A Oh, man, I don't remember that. That was, I would say 1964, the latter part of '64. I don't remember when I suspended it.
Q You were only licensed to practice in

Virginia for a year?
A I don't really remember for how long. I kept it for some time, but I don't remember for how long.
Q Are you board certified in any areas of medicine?
A No, sir.
Q Where did you go to medical school?
A In Santa Domingo, Dominican Republic.
Q How long does it take to get a medical degree in the Dominican Republic?
A Six years.
Q Are you able to focus on any area of medicine in the Dominican Republic?
A I don't understand what you mean.
Q In other words, you just take courses in all areas of medicine, or can you focus your studies in a certain area?
A No. You take general courses like you do at the school. We went to school for eleven months of the year.
Q Were you born in the Dominican Republic?
A That's correct.
Q At what age did you come to the United States?
A I was 24.

Q Was that after you graduated from medical school?
A Yes, sir, a year after.
Q Do you have dual citizenship, or are you only a U.S. citizen?
A I am a U.S. citizen.
Q Are you still a citizen of the Dominican Republic?
A I don't even have a passport from them.
Q Did you do an internship and residency?
A Yes, sir.
Q Where did you do your internship?
A Had one year in the Dominican Republic; and then when I came to Youngstown, I had one year of internship at the Youngstown Hospital Association.
Q What was your residency in?
A In internal medicine. I spent two years at Youngstown Hospital Association and my final year at St. Elizabeth Hospital.
Q Did you do any fellowships?
A Yes, sir. I had a year of fellowship in cardiology from the Heart Association at St. Elizabeth Hospital, and I also had a fellowship in cardiology at the St. Vincent Charity Hospital in Cleveland and a fellowship in peripheral vascular diseases at the Cleveland Clinic.

(Whereupon an off-the-record discussion was had.)

MR. TRAVERS: Doctor, we were interrupted when someone came to the door. I think we've taken care of that problem. But if you don't mind, Mark, I didn't hear the last answer. Could we make sure that that's on the record? I may have been talking over the Doctor.

Q Could you please repeat the fellowships; I'm sorry. I didn't catch all of them because we were interrupted.

A Okay. I had one year of fellowship from the American Heart Association in cardiology at St. Elizabeth Hospital in Youngstown, Ohio, and another year following that at St. Vincent Charity Hospital in Cleveland under Henry Zimmerman; and following that, one year of peripheral vascular diseases at the Cleveland Clinic under Victor DeWolfe.

Q Did you work with a specific doctor when you got your fellowship in cardiology?

A In Cleveland, Dr. Zimmerman; Henry Zimmerman. He's deceased now.

Q Which hospital was that at?

A St. Vincent's Charity Hospital in Cleveland.

Q Have you published any medical ar icles?

A Oh, way when I first started, yes, I had an article published. I don't even remember now. 1 think it was in electrocardiography.

Q Other than this one published article in electrocardiography, can you remember any other medical articles?

A Yeah, there was another article that was written in conjunction with the other physicians of the Cleveland Clinic; and it had to do with lymphatic fluid, a collection in the abdomen following aortic surgery.

Q Do you know the year the article was published on electrocardiology?

A I have no idea.

Q Is it more than 20 years ago?

A Oh, it would have to be around, I would say, probably '65, '64, something like that.

Q Do you know where it was published?

A I don't remember any of that.

Q Do you subscribe to any medical periodicals?

A Yes, sir.

Q Which ones?

A I receive the New England Journal of Medicine and the Journal of the AMA.

Q I'm sorry; what was the second one?

A Journal of the AMA.
Q Oh, Journal of AMA?
A Yeah, uh-huh. And also the Archives of Internal Medicine, plus about 15 throwaway magazines.
Q Why do you receive those publications?
A They send it -- oh, which ones?
Q The three you mentioned: New England Journal of Medicine, Journal of AMA, and Archives of Internal Medicine.
A To keep abreast of some of the things that are going on in the world of medicine.
Q Do you keep any medical texts in your office?
A Yes, sir.
Q What medical texts do you keep?
A We have Harrison's Textbook of Medicine. Also Cecil. Those two are the ones I most commonly refresh --
Q You have Cecil's Textbook of Medicine?
A That's correct.
Q Do you consider those textbooks to be authoritative?
A Not particularly.
Q Why do you have those textbooks in your office?

A Because it's a quick reference when I have questions in my mind.
Q Do you have any medical textbooks in your office on the subjects of either pulmonology or cardiology?
A Not in pulmonology.
Q What about cardiology?
A I have Braunwald's.
Q You said Braunwald's?
A Braunwald's.
Q Could you spell that, please?
A B-R-A-U-N-W-A-L-D.
Q What is the name of that text?
A Cardiology.
Q Do you have any medical textbooks in your office on the subject of internal medicine?
A The first two that I mentioned.
Q How does internal medicine differ from cardiology?
A Internal medicine encompasses the entire body structures, whereas cardiology only has to do with the heart and the major blood vessels.
Q Do you limit your practice to any area of medicine?
A No, sir, just general internal medicine.
Q I noticed on your door it states Internal

Medicine and Cardiovascular Diseases?
A That's correct.
Q Does that accurately describe your practice?
A That's the training that I have had; and, therefore, that's the reason why it's over there.
Q Do you advertise to the public as handling patients in the areas of internal medicine and cardiovascular diseases?
A No, sir.
Q Do you have any advertisements in the phone book?
A Oh, not myself, no. I never paid for an advertisement in the phone book. If it's there, it may just simply be the office thing, you know. I don't believe in that.
Q Are you on any kind of referral lists, either at a hospital or somewhere else?
A I don't quite understand what --
Q Is there some kind of source that you get patients from, such as a hospital referral list or --
A Not particularly. Whoever refers it's because they want to send them over here.
Q Do you have business cards at your office?

A I'm sure the girls have some over there.
Q Do you know what the business cards state on them?
A The same thing that's on the door of the office.
Q Internal medicine and cardiovascular diseases?
A That's correct.
Q Do you hold yourself out to the public as being qualified to treat patients with internal medicine conditions or cardiovascular diseases?
A Internal medicine, yes. In cardiovascular diseases I limit myself to the plain clinical part of it. In other words, the invasive or diagnostic procedures, I do not perform; and the people know that.
Q If based upon your clinical evaluation of a patient, the patient needs diagnostic tests, where are those performed?
A Depends on the insurance policy of the patient and also the preference of the patient. I generally go along with those two sources first.
Q Do you have any diagnostic equipment in your office?
A Only electr cardiograph machine and a

very simple screening, respiratory machine; that's all.
Q What's the name of that screening respiratory machine?
A A spirograph.
Q What does a spirograph measure?
A The vital capacity.
Q I'm sorry; I did not understand.
A Forced vital capacity. The air you breathe out of your lungs.
Q If you need to get a CBC, where do you send that?
A We use independent laboratories, either Quest or Clinlab or St. Elizabeth Hospital Laboratory.
Q What about other diagnostic tests; where would you send the patient?
A Such as?
Q What about chest X-ray?
A To any of the radiology units. Usually the ones that's closest to the patient; or if I like to have a quick report, I use the facilities right close to us here, the Hitchcock Radiology. It's right over here.
Q That's in this complex?
A Yes, sir.
Q If you need to perform cardiovascular diagn stic tests, where do you send the patient?

A The patient is usually referred to a cardiologist that does that particular kind of investigative procedures.

Q Is there a certain cardiologist that you regularly use?

A No one in particular. We refer to all 17 or 20 that we have in town.

Q During the time you treated David Gonda, did you refer him to a cardiologist?

A Not personally, but I know he was referred to Dr. Hunt.

Q And that was when he was admitted to St. Elizabeth's Hospital?

A That's correct.

Q During the time you treated David Gonda, did you refer him to a cardiologist for any type of diagnostic tests?

A Yes, sir, he was seen by Dr. Hunt for a -- but not referred by me again -- for a transesophageal echogram.

Q No; my question was, did you refer him to a cardiologist for any diagnostic tests?

A No, I did not. Oh, wait a minute. Let me recall. I might have. I haven't seen the hospital chart, so I have no idea if this recollection is correct or

not.
Q If you --
A I might have asked Dr. Hoffman to perform an ultrasound, a two-D echocardiogram.
Q If you need to refer to your chart --
A That's the hospital chart. I don't have that in my office charts.
Q Have you ever given a deposition prior to today?
A On what? On this case?
Q On any case.
A Yes, sir.
Q How many times have you given a deposition?
A Once.
Q Were you serving as an expert witness, or were you a party?
A No, no, I was not an expert witness.
Q It was in connection with a lawsuit in which you were a defendant?
A That's correct.
Q How long ago was the deposition?
A Maybe fifteen years ago or more.
MR. TRAVERS: I'd just like to state for the record that you are welcome to inquire of Dr. Ruiz

concerning other litigation he's been involved in, because despite the videographer, I perceive this to be a discovery deposition; but I object should we somehow reach a point where this was going to be presented in toto for consideration of a jury and would ask that on any continuation of that line of inquiry, that you not make me object to each individual question; is that okay?

Q Do you know what the subject was of that deposition?

MR. TRAVERS: Often, Mark, when I address people, I like it if they acknowledge that they've either heard me or something; but is that okay?

MR. RUF: I thought you were just putting on the record an objection.

MR. TRAVERS: No, I asked if it was okay if I don't have to object to every question about other malpractice cases.

MR. RUF: That's fine. This is my understanding this is a discovery deposition.

Q Do you remember what the allegations were against you in that lawsuit?

A Yes, sir.

Q What were the allegations that were against you?

A Failure to diagnose cancer of the stomach

early enough.

Q So it did not involve issues of cardiology or cardiac conditions?

A No, sir.

Q Have you ever testified in trial?

A No, sir.

Q Have you ever served as an expert witness in a legal case?

A No, sir.

Q Do you have a corporation that you practice under?

A Yes, sir.

Q What is the name of that corporation?

A Juan A. Ruiz, M.D., Inc.

Q Is that a corporation in good standing in the State of Ohio?

A Yes, sir.

Q When was that corporation formed?

A That's a tough question. It has to be around 25 years, perhaps, something like that.

Q Are you the sole stockholder of that corporation?

A Yes, sir.

Q Are you the president of that corporation?

A Yes, sir.
Q Are there any corporate officers other than you?
A My wife is the secretary-treasurer.
Q What hospitals are you on staff at?
A St. Elizabeth Hospital and Youngstown Hospital Association. It has a different name now.
MR. TRAVERS: Forum Health Care.
A I don't remember the new name. Forum Health Care, you said?
Q How long have you had privileges at St. Elizabeth's Hospital?
A Since 1965.
Q Have your privileges ever been suspended or limited in some way?
A Never.
Q What was the name of the second hospital?
A Forum, I understand is the new name for them. It's the Youngstown Hospital Association, but they've changed their name recently.
Q Is that actually a hospital, or is that a group?
A It's a corporation, but it's Youngstown Hospital, you know, Northside Hospital and Southside Hospital.

Q How long have you had privileges at Forum, Youngstown Hospital Association?

A Well, Youngstown Hospital since 1965 also.

Q Have your privileges ever been suspended or limited in any way?

A No, sir.

Q What is your relationship with Dr. Cropp?

A He is one of the pulmonologists in the city that from time to time we refer patients to.

Q You refer patients to Dr. Cropp?

A That's correct.

Q Does he refer patients to you?

A Not particularly.

Q How long have you been referring patients to Dr. Cropp?

A I don't know for how long. It would be a total guess.

Q What type of patients do you refer to Dr. Cropp?

A Patients with pulmonary problems.

Q Do you also refer patients to Dr. DeMarco?

A That's correct.

Q Do you know how long you've been

referring patients to Dr. DeMarco?
A I cannot answer that. **I** don't know.
Q And, again, you refer patients with pulmonary problems to Dr. DeMarco?
A You might say respiratory problems should be the correct wording for that.
Q Do you know Dr. Franco?
A Yes, sir.
Q How do you know Dr. Franco?
A He has operated on some of my patients.
Q When would you bring Dr. Franco in as a consult, what type of cases?
A Patients that required cardiac surgery or vascular surgery.
Q How long have you been referring patients to Dr. Franco?
A Again, it would be a guess. Probably since he started in practice in the city.
Q What did you review prior to your deposition today?
A I looked at the patient's chart in the office briefly this morning, and **I** also had the opportunit of looking at the report of the autopsy on Mr. Gonda.
Q Anything else you reviewed?
A There were some additional papers that

the attorney made available to me. I looked at them.
Q Any additional medical records you reviewed other than your chart and the autopsy report?
A No, sir.
Q Do you have your chart here?
A Yes, sir.
Q Could I take a look at your chart, please?
A Surely. Here you go.
MR. TRAVERS: Would you like to go off the record for a moment while you do that?
MR. MALIK: Yeah, why don't we do that. Thanks.
(Whereupon a brief recess was taken. Attorney Malik arrived at the deposition.)
CROSS EXAMINATION (continued):
BY MR. MALIK
Q Doctor, I'm going to hand you some medical records. I want to know if you could identify those for me, please.
A Yes, sir, these seem to be copies of my office records.
Q Okay. Are they complete copies of your office records?
A That I cannot vouch unless I check with

the office records.

Q Could you do that?

A Sure. Can somebody tell me what's in there so I can tell you what may be necessary? You probably don't have this questionnaire from back in '88. Okay. This health questionnaire is not in that pack.

Q Can we get a copy of that?

A Surely. And Mr. Ruf says that you had no copy of this telephone conversation; is that correct? I'll make sure you get that. I think that's about it.

Q Well, what I'm trying to do is I'm trying to cross check to make sure that I have everything --

A Yes, sir.

Q -- and if there's something that I don't have --

A Can I ask you a question?

Q No.

A No?

Q I'd like to get what I don't have now, if that's possible.

A Sure. May I be excused now then?

Q That's fine.

A There's no office personnel to do it except for me.

(Whereupon a brief recess was taken.)

BY MR. MALIK:

Q Doctor, you've handed me three pieces of paper that came from your file; correct?

A Yes, sir.

Q And those are records for David Gonda; correct?

A Yes.

Q And those are records which had previously been excluded from the materials that you sent to my office; is that correct?

A Yes, sir.

MR. TRAVERS: I'm going to object to that question, but you may answer, Doctor.

A Yes, sir.

Q Can you tell me why they weren't sent with the other records?

A I have no idea.

Q Who's in charge of your recordkeeping?

A Delores Davis.

Q And was she in charge when you got the request for these records?

A She has been with me for 17 or 18 years.

Q Okay. You indicate in your records that David Gonda had a previous visit of 5/15, 1989. But yet I didn't see any records for 5/15, 1989 --

A 1 don't remember that.
Q Well, is this your office note, handing you Exhibit 1?
A Yes, it is.
Q And does it not say that 5/15/89 was a previous visit?
A That's correct.
Q Do you have those records?
A They should be here. Yeah, there it is; right a the bottom of that page.
Q Okay. Before I leave, can I get a copy of that; that's your entire note for 5/15/89?
A That is all that there is. No, there was a form that was, I assume from the note in here, there was an examination for work or something like that, and there would be a form filled out and sent to the job.
Q And do you have a copy of that?
A I couldn't swear to it that there is one in the chart, no, sir.
Q And was the form sent to Dow Chemical?
A That is the usual procedure.
Q Okay. Have any materials or notes been removed from the file that relate to David Gonda?
A No, sir.
Q Do you anticipate supplementing the file

in any way?

A I beg your pardon?

Q Do you anticipate adding additional documents to the file?

A Whereas I have received information from my attorney, it's been added to the file.

Q Okay. Do you have additional documents to put in the file?

A Not right now, no.

Q Are there any tapes, audio tapes?

A Excuse me. This is the form from Dow Chemical.

Q Okay. Can I also have a copy of that?

A Sure.

Q Can I see your file for a minute?

A Yes, sir.

Q Are there any audio tapes regarding David Gonda, any dictation tapes?

A No, sir.

Q Are you in possession of any X-rays?

A No, sir.

Q Have you consulted with any other physicians, nurses, or other medical professionals on this case?

A Yes, sir. Mr. Ruf asked me that same

question before.

Q Okay. Where in the office are David's medical records kept?

A I beg your pardon?

Q Where in the office are the records kept?

A In the filing cabinet back there.

Q Is that with all the other patients?

A That's the patients that are current. Once the patients have not been in the office for about three or four years or so, then those are put away in the basement.

Q Who has access to the files when they're current?

A The nurse and the secretary.

Q Who is the nurse?

A Betty Pershka.

Q Was she the nurse in 1995?

A Oh, yes, sir; she's been with me for 27 years.

Q And the secretary's name?

A Delores Davis.

Q Did Delores fill the original request?

A I don't remember who filled that.

Q Whom have you provided a copy of the records to?

A To you, to the attorney. I think you have a copy of that, too.
Q Did Mr. Travers receive the three pages you just handed to me before today?
A I don't think so. I don't know.
Q Besides the records, have you provided any other materials to anybody?
A No, sir.
Q Do you have any written rules in the office as to how records are supposed to be kept?
A We have the same personnel here for so many years. They all know the rules.
Q So there's nothing written?
A Not that I can remember right now. If there is, where it's at, no.
Q In 1995, was your office computerized?
A Yes, but not for that. The computerization is strictly for billing purposes.
Q So any information pertaining to David Gonda would be strictly for billing?
MR. TRAVERS: In the computer?
Q In the computer, yes, sir.
A In the computer, yes, sir.
Q There wouldn't be any other information in the computer that you have regarding David Gonda?

A No, sir.
Q In terms of medical books, journals or articles, do you have any medical books, journals or articles?
A Mr. Ruf's already asked me that. Can we go off the record for a minute?
(Whereupon an off-the-record discussion was had.)
Q Do you believe that the contents of your patients' medical records are privileged information?
A Yes, sir.
Q Did David Gonda sign any informed consent for you to treat him?
A That I don't remember. If there was anything of that nature, it would be in the chart.
Q Typically in your practice do you use the form?
A Patients have, yes, sir.
Q So you would have expected him to sign an informed consent?
A Yes.
Q In 1995, who managed your appointment book?
A The same person.
Q Who's that?
A Delores Davis.

Q Do you have diplomas or certificates on the walls in your office?
A No. I think they're redundant.
Q When you say you think they're redundant, what do you mean?
A Well, the patients know that I am a licensed professional. I don't have to display my honors all over my shoulders.
Q What are you a licensed professional in?
A Mr. Ruf has already asked me that question.
Q I know, but I'm asking you.
A Would you repeat the question, please?
Q Let me be more specific. Are you a licensed professional in cardiovascular disease?
A No, sir.
Q Okay. But you hold yourself out as an expert in cardiovascular disease?
A No, sir. I hold myself out as having been trained in cardiology and cardiovascular disease.
Q You have a Yellow Pages ad, don't you?
A I don't know if there is an ad in the Yellow Pages or not. Mr. Ruf asked me the same questions.
MR. MALIK: Did you ask him specifically about it?

MR. RUF: I asked him if he had an ad in the Yellow Pages and he said no.

Q Handing you Exhibit 2, I'm going **to** put a check by it. Can you identify that for me?

A It seems to be a copy of the Yellow Pages, I guess.

Q Is that an ad you placed in the Yellow Pages?

A That's a description of what I'm trained to do.

Q I know, but is it something you placed in the Yellow Pages?

A It describes exactly the same thing that is on the door of my office.

Q I understand, but is that something that you held yourself out to the public as being trained in?

A The public knows about that, yes, sir.

Q You placed that ad in the Yellow Pages; correct?

A It's not an ad.

MR. TRAVERS: That's the problem, I think, in semantics, *is* the Doctor has denied that it's an advertisement. It's a listing of his address.

A It's not an advertisment. It's a listing of what I'm qualified to do or trained to do.

Q But that's in the Yellow Pages with your permission; correct?
A It wouldn't be here unless I had agreed to it.
Q Did you ever culture David Gonda's blood more than once during the time you saw him?
A Are you referring in the office or in the hospital?
Q First of all, did you ever culture David Gonda's blood?
A Not myself.
Q Okay. Did you ever order that it be done?
A I don't remember offhand.
Q Okay. Could you please refer to your notes and tell me if you did?
MR. BLOMSTROM: I've got his notes.
A No. No.
Q Your testimony is that you never had David Gonda's blood cultured?
A I do not remember ordering a culture.
Q Okay. Sir, after having referred to your notes, is there anything in there that indicates to you that you had ordered his blood cultured?
A No, sir.

Q If you had ordered it cultured, who would have cultured it?
A Usually for that particular nature of examination, we referred the blood to the laboratory at St. Elizabeth Hospital or Youngstown Hospital, whichever happened to be the case.
Q Did you ever use Roche Biomedical Labs culture?
A We have.
Q What tests, if any, were performed for bacterial endocarditis in 1995?
A None.
Q Do you know as a physician what the standard of care for culturing for bacterial endocarditis is?
A I do.
Q And what is it?
A Usually you have three cultures in separate sites, and we might repeat it again in a few days if we're not satisfied.
Q Do you know why three cultures?
A Yeah, because oftentimes you don't have a bacteria in the bloodstream.
Q Were you aware that David Gonda was on antibiotics during the period of time that he saw you?

A Yes, sir.
Q Do you know what antibiotics he was on?
A I don't remember offhand, but I know he was on antibiotics.
Q Is there a record of what antibiotics he was on in your records?
A He was, according to the record, given erythromycin by Dr. Adornato and subsequently received Duricef and Zithromax.
Q Where did he receive the Duricef and Zithromax?
A I assume as an outpatient by Dr. Adornato.
Q Did you ever have any discussions with Dr. Adornato about what antibiotics Mr. Gonda was on?
A 1 don't recall any conversation with him regarding that, no.
Q Okay. Are there any notes in your file or your chart to reflect that you had a conversation with him?
A I have to look it up. No, sir.
Q Why was Mr. Gonda taking antibiotics?
A I suppose because Dr. Adornato felt fit to give it to him.
Q Did you order any X-rays for David Gonda?

A Yes, sir.
Q I'm sorry?
A Yes, sir.
Q What X-rays did you order?
A Chest X-ray.
Q Did you order any ultrasounds of David Gonda?
A Yes, sir.
Q Okay. When did you order that?
A Same day of the X-ray.
Q Okay. Do you have a written order for that?
A In the chart here in my office? No, sir.
Q Who would have a written order of that?
A No one.
Q Okay. How do you go about ordering ultrasounds?
A It all depends on what ultrasound you're asking about.
Q Well, what kind of ultrasound did David Gonda have?
A He had a pericardial ultrasound.
Q And where did he have it at?
A At Hitchcock Radiology.
Q And what was the purpose of the

pericardial ultrasound?

A Because I wanted to make sure that there wasn't something going on with the pericardium.

Q What did you suspect might be in the pericardium?

A I wasn't sure. I was fishing, you might say.

Q Okay. Was there any tape made of that ultrasound?

A I assume.

Q Would you expect a tape to have been made of that ultrasound?

A Sure.

Q Did you receive a tape of that ultrasound?

A No, sir.

Q Does it surprise you that, if I told you that Hitchcock X-ray has no tape of that ultrasound?

A That would be very surprising.

Q You did not review any tape of an ultrasound; correct?

A No, sir.

Q Had a tape of an ultrasound been made, would you have expected to review it?

A Not necessarily.

Q Okay. You would have relied on the person doing the ultrasound?
A Yes, sir, particularly if it's negative.
Q Were any urine samples taken of David Gonda during the time he saw you?
A I don't remember.
Q Okay. Could you refer to your notes and tell me.
A No, sir, not in '95.
Q What about sputum samples in 1995?
A No, sir.
Q Okay. These questions I'm asking you, unless I specify otherwise, I'm talking about 1995; okay?
A All right.
Q Did David Gonda have an infection?
A We assumed that he did. That's the reason why he received the antibiotics.
Q Okay. And what was the basis of that assumption?
A Because a physician prescribed antibiotics f r him and he had fever.
Q So as I sit here today, am I correct in understanding that while David Gonda saw you, you never tested for the presence of micro organisms or bacteria?
A Oh, I had him go for a throat culture.

Q When was that?
A Some time visit here. One of the visits. I think it was the last visit that he was here. On July 5, 1995.
Q Where was the throat culture done?
A It should have been Roche. Let me check and see for sure. Medpath Laboratories.
Q Did you take the sample here on July 5?
A No, sir.
Q They took the sample?
A Yes, sir.
Q Do you know when the sample was tested?
A I have no idea. All I can give you is the information that is in the report. The patient was tested on July 5, 1995.
Q Uh-huh. When was the test performed?
A I suppose at either the same day or the day after, because there's a date here of date received 7/6/95. Now, may I clarify this? The local laboratories oftentimes refer their cultures to another laboratory so that I assume this is what happened because it was performed in Cleveland.
Q And the results were reported on July 12; is that correct?
A That's correct.

Q Now, what happened on July 13?
A I don't know what happened July 13. I don't recall anything about July 13 unless you refresh my memory.
Q Were the results told to David on July 13?
A Yes, sir, there is a notation by me. I'm sorry about that.
Q That's okay. When you told him the results on July 13, what did you tell him?
A Probably the test didn't show anything.
Q Did you know at that time -- first of all, was he on antibiotics at that time?
A I think so.
Q Did you expect the test to show anything with him being on antibiotics?
A It all depends. If the organisms that were present in the throat were not sensitive to the antibiotic given, yes. If they were sensitive to it, no.
Q How come you never repeated the throat culture?
A I didn't have the occasion to do it.
Q Even though he was on antibiotics, you didn't think that you should repeat it?
A No; I figured with the first negative one

and everything, I guess he was referred to other physicians; and so, no, I did not have the occasion to do another.

Q Now, you referred David to Drs. Cropp and DeMarco; is that correct?

A That's correct.

Q When you referred David to Dr. Cropp, what were your expectations?

A Well, I was looking for the possibility of some sort of respiratory problem because of the cough that he had.

Q Okay. What were your expectations of Dr. Cropp, though?

A I'm sorry?

Q What were your expectations of Dr. Cropp?

A I expected that he was probably not going to find much. He was going to request to do an endoscopy on him.

Q Besides an endoscopy, what else did you expect from him?

A Well, that's up to him to decide what he would do to try to find out the problem with the patient. You cannot tell a specialist what to do.

Q Did you expect him to take any more cultures?

A Not necessarily so.
Q You didn't expect him to analyze sputum?
A It's up to him to decide, sir.
Q It's up to him also to decide whether or not he takes more blood tests?
A If he finds it necessary to do it, he would do it. Otherwise, he wouldn't.
Q And it would be up to him to examine David's urine, if he so chose?
A I suppose.
Q When you saw David Gonda, did you see him in your capacity as a physician practicing internal medicine?
A That's correct.
Q Did you see him as a cardiologist?
A No, sir.
Q Do you hold yourself out to be a cardiologist?
A I have had training in cardiovascular diseases, yes, sir.
Q When you say cardiovascular disease, what is cardiovascular disease?
A Cardiology is a separate branch, and peripheral vascular disease is another branch. I have had training in both.

Q Okay. But when you say cardiology, what do you mean?

A Well, they limit usually themselves to just diseases of the heart.

Q When you say diseases, what diseases are you talking about?

A Any disease of the heart.

Q Is bacterial endocarditis one of those?

A That's a disease of the heart, is it not?

Q Okay. Peripheral vascular medicine, isn't that what you just said?

A Peripheral vascular diseases.

Q What is that?

A That's diseases of the arteries and the veins.

Q Okay. So is it a fair statement to say that you saw David as a physician who's trained in cardiology and a physician who's trained in peripheral vascular diseases; correct?

A I saw him primarily as a physician in internal medicine rendering primary internal medicine care.

Q Okay. But, and I don't want to put words in your mouth, you used the tools and the information and the knowledge you've gained in cardiology and in peripheral vascular disease; correct?

A Yes, sir.
Q Do you consider yourself a medical expert in cardiology?
A No, sir.
Q Why, then, did you not refer David to a cardiologist?
A Because I didn't think he had cardiac problems. He had respiratory problems.
Q Okay. He had a fever; right?
A I beg your pardon?
Q He had a fever?
A Yeah.
Q He had a fever of unknown origin; correct?
A He had a fever.
Q Fever of unknown origin when he saw you; right?
A Well, he had been treated for respiratory illness. I assumed the fever was due to the respiratory illness.
Q Okay. But you didn't know scientifically where his fever was from; right?
A No, sir.
Q You hadn't cultured any bacteria; right?
A No.

Q Okay. He had tachycardia when you saw him; right?
A If I remember correctly, yes.
Q Okay. What is tachycardia?
A Fast heartbeat.
Q He had a fast heartbeat in the 120s and 130s when you saw him; correct?
A He had fever also if I remember correctly.
Q He even had that heartbeat resting; correct?
A If he had fever, the heartbeat would be faster than the normal.
Q Okay. He had a systolic click; correct?
A Yes, sir.
Q Now, you found that auscultation sign back in 1988; correct?
A Yes, sir.
Q What does a systolic click represent?
A Usually nothing.
Q Mr. Gonda also had a cough; correct?
A Yes, sir.
Q Okay. He also had shortness of breath; correct?
A I can't remember that specifically.

Q Could you take a look at your records and tell me.

A No, it doesn't say anything that he was short of breath here.

Q ***So*** during the time you saw him, you had no indication that he was short of breath?

A No.

(Whereupon an off-the-record discussion was had.)

BY MR. MALIK:

Q Was Mr. Gonda anemic when you saw him?

A I don't remember that, but I don't think so. If he was, it was very borderline.

Q Would you please check your records.

A His hemoglobin was a little bit below the normal, 12.2 grams.

Q And that's your classification of borderline?

A It's just 1 gram below the normal. That's just borderline anemia.

Q When you consider, just independent of anything else, the fever, what differential diagnosis do you come up with?

A Well, we're dealing with a young man that's --

MR. TRAVERS: Excuse me, Doctor.

Believe it or not, his question is what is your differential diagnosis for a patient who presents with fever not considering any other symptomatology.

A Oh, nothing else? Thank you. There are about probably 5- or 600 illnesses that have that.

Q Right. It's a huge differential, isn't it?

A Tremendous.

Q I know that you and your counsel think that that's a funny question. What about just independently tachycardia, what would be a differential diagnosis for that?

A That's also very variable. There are many illnesses that can present just solely as tachycardia.

Q Also a huge differential; right?

A Uh-huh.

Q Same thing with cough; right?

A That's correct.

Q Same thing with a systolic click; right?

A Systolic click is not an illness, sir.

Q Right. Systolic click is nothing; right?

A No.

Q Okay. And anemia, borderline anemia, could be something, could be nothing; right?

A That's correct.

Q What about when you take them all together, fever, tachycardia, cough, systolic click and borderline anemia, can you narrow your differential diagnosis then?

A Without any other physical findings, it would be very difficult.

Q Okay. Why would it be difficult?

A Because there are many illnesses that have that precise combination. Again, the differential is huge. You need some more detailed physical or ancillary findings to narrow down your differential diagnosis.

Q Okay. So is it a fair statement to say that when you, during the period of time you saw David, you did not come up with a differential diagnosis?

A Not specifically, no, sir.

Q Okay.

A That's the reason why I referred him.

Q And, therefore, you also didn't come up with a working diagnosis; right?

A That's correct.

Q Then he went to see Dr. Adornato; right?

A No, sir; he had seen Adornato before coming to see me.

Q Okay. Excuse me. And Dr. Adornato had come up with a diagnosis of pharyngitis; correct?

A That's what I understand, yes, sir.
Q Were you comfortable with that diagnosis?
A Well, from what the information that I received that he had found his throat inflamed and all that stuff, yes.
Q Okay. David had previously been a pretty healthy person; right?
A Well, David hadn't been in this office for too many times.
Q Well, when you saw him in '88 and '89, he was lifting weights and playing basketball; right?
A That's correct.
Q Okay. During the period of time you saw him, could you classify his risk factor for serious illness in a low, moderate or high category?
MR. TRAVERS: When he first saw him in the '80s, are you talking about?
MR. MALIK: No.
Q '95 during the period of time you saw him.
A That's a tough question to answer. Can you be more specific?
Q Well, did you come to any conclusions regarding his condition in '95?
A No; I had no idea exactly what we were

dealing with.

Q Did you categorize him at risk for anything in '95?

A Being a young man, one of the questions that surfaced was the possibility of AIDS. That would have been the only other thing because a healthy young man usually doesn't get into any major problems unless there's an infection which any one **of** us can catch.

Q Okay. What percentage of your practice in 1995 was devoted to cardiology patients?

A We have a good number of patients have cardiac disease, but my practice is not limited to cardiology.

Q Can you assign a percentage? I'm talking in '95.

A It would be about the same now. No, I cannot give you a -- I don't know. I honestly don't know.

Q Can you give me some parameters, 25 percent, 50 percent?

A I don't know. My practice is mainly old people presently, so nearly every old person has some cardiac problem.

Q Fair enough. Was it in '95?

A About the same. Maybe more older people now.

Q Was David an exceptional kind of patient in that he was only 27 years old?

A No. Not an everyday patient, but not exceptional.

Q What percentage of your patients in 1995 were under the age of 40?

A Not very many, I can tell you that.

Q Five percent, 10 percent?

A About 5, 10 percent.

Q Just so I'm clear that we're talking about the same thing, can you define the term differential diagnosis?

A Yes, that's a list of possibilities that you develop as you get the history and findings and examination or laboratory X-rays, whatever you may have. And what could be the source of the problem for that patient.

Q Is it a fair statement to say that it's a -- it's the potential diseases that stem from a physician's clinical findings?

A I'm sorry?

Q Is it a fair statement to say that differential diagnoses are those potential diseases which stem from the clinical examination and clinical findings of a patient?

A That's correct.
Q Is it a fair statement to say that the more information you have about a patient, the better off you're going to be in terms of finding a differential diagnosis?
A Provided that they are going in certain directions. You cannot shoot a shotgun and hope to hit something. We don't work that way. We try to narrow the scope of our investigation to what we expect,
Q When Dr. Franco's deposition was taken, he testified that he looks at the whole patient in order to determine how to treat a patient. Would you agree that that's a fair statement?
A That's what he said about himself.
Q Is that how you think?
A We generally see the patient as a whole as well, yes, sir.
Q Okay. And in order to see a patient as a whole, you need the most information possible; correct?
A It all depends on what I'm looking for.
Q Okay. When you ordered the ultrasound, were you specifically looking for pericardial effusion?
A I was looking for pericarditis, I would think, because the -- I found no evidence of pericardial effusion in anything that I did, the examination that I

performed.

Q Okay. And what is pericarditis?

A Inflammation of the lining of the pericardium.

Q And it's due to an infection; correct?

A Most of the times it is a viral infection, and every so often some other illnesses in the system that can produce that.

Q So if you're looking for pericarditis, you're considering that because Mr. Gonda had a fever and tachycardia and a cough?

A No, because when I took the electrocardiogram, there was a little change in the cardiogram that led me to think in that direction at that time.

Q Okay. That's a good segway into the cardiograms because I do want to talk to you about them.

A All right.

Q I have -- I'm handing you what I'm marking as Exhibits 3 and 4. The third one is the earlier cardiogram.

A Yes, sir; I have two.

Q You have two of the same?

A No, you said the third one.

Q Right; it's the earliest one, aone in

198%.

MR. TRAVERS: The third Exhibit, the first EKG.

A Oh, all right. Yes, sir, that's 1988, I think it says over here.

Q Now, that, can we call that your baseline for him? That's what you knew him as in 1988?

A That's a routine electrocardiogram on someone that is examined for, let's say, employment or something.

Q What kind of electrocardiogram is it, how many leads?

A It's a twelve-lead electrocardiogram.

Q Okay. And where was it taken?

A In the office.

Q And who took it?

A The nurse.

Q And who would that be?

A Betty.

Q And who interpreted it?

A I did.

Q Okay. And where were you when you interpreted it?

A In the office.

Q Okay. Did you interpret it while he was

here?

A I don't recall that, no.

Q Okay. Can you hold it up and show it to the cameraman, and tell us what that EKG shows?

A (Complying).

Q Can you describe what it shows by pointing to it?

A I cannot. I have to turn around.

Q That's okay.

A I don't know how well you can see that, but it has a rhythm abnormality and something which is quite common; it's called early repolarization. That does not mean any illness whatsoever. And also what **I** interpret as being a wide QRS-T angle, which suggests a possibility of some ischemic change in the heart. That was in 1988.

Q What is the QRS-T angle on that?

A I don't think I can see enough here to tell you. He had an axis of plus 85, a T wave axis of minus 30.

Q What does that mean? I'm a layman.

A It means that there is a slight separation of those two vectors, and it suggests that there might be some ischemic phenomenon going on in the heart.

Q That's in 1988; right?

A Uh-huh.

Q What would you expect the normal pattern to be? How would it be different than what's there?
A Well, the **T** wave axis is usually not that negative in most people. The angle between the two is usually less than 30 degrees, between the T and the QRS; and this is simply a, how could I say, one of those things that we have available that may tip you off that there might be something. Frequently this is -- it doesn't pan out to be anything, in other words.
Q What are the might be's? What are the possibilities?
A Well, one possibility at his age is that he might have simply lifted too much weights or something like that. We see that every so often. In fact, I have a young man presently with that situation.
Q What does that do to the heart?
A It makes part of the heart, usually the right side of the heart, get a little larger and changes the cardiogram accordingly. Do you want me to hold this anymore?
Q No, that's okay. Would you hold up the one from 1995?
A Sure.
Q First of all, why did you take one in 1995?

A Because I hadn't seen him for so many years; I needed to see what was going on with him.
Q Okay. What were you thinking in 1995 when you took that?
MR. TRAVERS: What were you thinking?
MR. MALIK: The reason for taking it.
Q You said you wanted to --
A Because I had not seen him for so many years. It's part of gathering information.
Q Okay. Was there any change in 1995?
A Compared to the one in '88, there's some little changes in the cardiogram, particularly what's called the STT areas, which that's what led me to, in my mind, to search for something in the pericardium. But also if you look at here again, it's a similar pattern of increased septal forces; and the question of a juvenile or athletic heart is mentioned.
Q I want to ask you some more questions here. The changes in the STT pattern --
A Uh-huh.
Q -- what did that trigger in your mind? You said pericarditis?
A That's correct.
Q Why did you say that?
A Because the ST was elevated in some of

the leads that should not have been.
Q But what does that tell you, the elevation?
A That there might be some irritation of the pericardium or inflammation of the pericardium.
Q On the right side; correct?
A No, sir; the pericardium involves the entire heart.
Q Right. Are you limiting it to any side of the heart, though?
A No, sir.
Q So you're saying a generic possibility of some irritation in the pericardium, unknown location; right?
A That's correct.
Q Okay. I just want to go through this EKG back from '88. Clinical diagnosis, you have asymptomatic-preemployment; what does that mean?
A He came here for a pre-employment physical and he was asymptomatic.
Q I believe it says low atrial rhythm, early repolarization, wide QRS-T angle. What does that mean?
A I just explained that a while ago.
Q Okay. You did. Atrial rate 56 to 58;

what does that mean?

A That's consistent with a low atrial rhythm.

Q Okay. Ventricular rate, 56 to 58?

A Goes along with that.

Q Intervals, PR: 0 to 13?

A That indicates -- that's how you arrive at a diagnosis of low atrial rhythm.

Q QRS: 0 to 8?

A 0.8. That's normal.

Q 0.8, excuse me. Is that axis plus 85 degrees?

A That's correct.

Q And what does that mean?

A That's normal.

Q Can you read the rest, because I'm -- it's clear, but I don't know what it means.

A The rest **of** what?

Q This portion of what you had down here.

A I already referred to that when I said the T axis was minus 30.

Q Okay. Would you read what's on '95, please?

A In what respect?

Q What the writing means. Can you put it

into the record?

A Oh, sinus tachycardia, increased septal forces in parentheses, weight lifter.

Q Let me stop you there. What does increased tachycardia mean?

A Tachycardia means fast heartbeat.

Q Increased septal forces, what does that mean?

A That means that there was a little prominence of the septum, the electrical forces that arise in the septum; and, again, as I mentioned before, it's a common pattern in weight lifters, young weight lifters, that do not have perhaps a trainer, I should say; and oftentimes they lift things that are beyond their usual strength.

Q Is it a common pattern for any other type of condition?

A To have that?

Q Uh-huh.

A Yeah. That's not exclusive of this, no. But in a young person you have no evidence of anything else, and it tells you that they're weight lifters, and you can see by their physique that they're weight lifters. That's what you conclude.

Q Okay. But what else could it apply to?

A It all depends on the setting.
Q Okay. But you're telling me in this setting that you believed it was from him being a weight lifter?
A That's what I thought it might have been because of it.
Q You didn't think the fever, the cough, the tachycardia, anything, would have anything else to do with it?
A No, that doesn't affect that.
Q Okay. The next thing, please, would you just continue.
A Is a remnant of juvenile T pattern versus ischemic, parentheses, doubt.
Q You doubt he'd had some kind of ischemia?
A That's correct.
Q When you say ischemia, you mean damage to the heart muscle?
A No. The term ischemia does not imply damage to the heart muscle. That's **an** electrical phenomenon of the heart
Q What does it mean?
A It means that the -- I'm trying to explain it in lay terms.
MR. TRAVERS: You don't have to ao

that, Doctor. Just explain it in the terms that you know.
A Well, there is a disparity between the electrical forces of the QRS and the T wave.
Q Okay. That's fine. What else is on there?
A I don't know what you're referring to.
Q What other writing is on there that you can explain to me?
A My signature.
Q Okay. Is there anything on the right side?
A Yes, the measurement of the various parts of the electrocardiogram. His heart rate is 120. The PR interval is short. It's .12, but it's normal, low normal level. QRS is 0.8 -- .08; I'm sorry; and QT interval is 0.28 and the axis is plus 75.
Q Anything in there that concerns you?
A Not particularly.
Q Anything that was enough of a change from '88 to make you think something was wrong?
A The T wave changes across the chest leads.
Q Did you, when you sent David to Dr. Cropp, did you also expect him to do an EKG?
A I don't think so.

Q Did you expect him to do ultrasound studies?

A I wouldn't think so.

Q Any CT scans?

A It depends of what. CT scan of what?

Q That's a good question. Not having an answer to that, let me go to the next one. Were you satisfied with the workup that Dr. Cropp gave your patient?

A Yes, sir.

Q Okay. Can we go to the letters that he sent you, because he kept in contact with you, didn't he?

A Yes, he did.

Q Can we go to the July 13, '95 letter; actually that's to Dr. Adornato. Did you get a copy of that?

A Yes, sir.

Q And did you read that when you got it?

A Yes, sir.

Q And that's two pages; right?

A That's correct.

Q On the second paragraph, second line from the bottom, it says cardiovascular examination is normal?

MR. TRAVERS: Second paragraph, Doctor, first page.

A Oh, first page; I'm sorry. Yes, sir.

Q What does that mean to you?
A It means that he listened to his heart, and he didn't find anything that struck him funny.
Q Okay. The term cardiovascular examination, is that limited to listening to the heart; is that a satisfactory examination?
A That's a general term that is applied to that.
Q ***So*** when you read that, that's what you thought?
A Yes, sir.
Q Di'd he note a systolic click anywhere?
A Not that I remember.
Q Are systolic clicks a type of ausculatory feature that come and **go**, or can you hear them and they're there?
A Yes, sir, they come and go frequently.
Q Okay. So a person could have a systolic click, and you could pick it up one day and not the next?
A That's correct.
Q Let's go to July 26 of '95, please.
A Okay.
Q And that's to you; correct?
A Yes, sir.
Q Last paragraph, second to the last

paragraph: "Mr. Gonda seems to be only marginally better at this time"?

A Uh-huh.

Q What did that mean to you?

A It meant that he felt a little better, but he was not out of the woods.

Q Did you have any discussions with Dr. Cropp about --

A I'm sure I did, but I don't remember.

Q Nothing that was recorded?

A No, sir.

Q Okay. Let's go to August 9 of 1995. Now, during this time, were you still David's primary care physician?

A Yes, sir.

Q Did you feel that you'd handed the baton to Dr. Cropp and that he was his patient now and you had nothing to do with it --

A No.

Q -- or did you feel you were still on board?

A No, I felt that he had not finished what he was supposed to do.

Q Okay. So did you feel you were still on board as his physician?

A That's correct.
Q Did you consider that the physician-patient relationship with David lasted until he passed away?
A You mean including me?
Q Yeah, I mean, right, you.
A Yes, sir.
Q And did you consider yourself his doctor?
A Yes, sir.
Q And you would get reports from the hospital?
A I beg your pardon?
Q You would also get written reports from the hospital on his condition; right?
A Yes, sir.
Q And Dr. Cropp; right?
A That's correct.
Q And any physician that he saw; right?
A That's correct.
MR. TRAVERS: At least in Youngstown.
A Yes, in Youngstown.
Q At least in Youngstown; that's right. In the second paragraph there, on today's examination, his temperature was 101.5 degrees fahrenheit. Heart rate was 132. Respiratory rate was 26. Do you see that?

A This is on August 9?
Q Yes, sir, second paragraph.
A Okay. Yes, sir; what about it?
Q You first saw him in May of '95; right?
A My memory is not very good.
MR. TRAVERS: For the first time in 1995.
MR. MALIK: In 1995.
Q Or was it later?
A June 27, I believe.
Q June 27, okay. So let's say we have -- it's now six weeks, seven weeks, after he saw you. He still has a high fever. His heart rate is up to 132. I know you're telling me you attributed some of that to the fever; right?
A Yes.
Q His respiratory rate was 26. What did you think when you saw that?
A Well, I was still waiting for Doctor to finalize his evaluation of this patient and come to a conclusion.
Q Did you think that having a fever for this period of time was unusual?
A That's not a common feature, no, sir.
Q Did it occur to you that he had more than

a common cold at that point?

A At that point I was in the -- how can I phrase this? I was following what Dr. Cropp had originally mentioned *to* me, that he felt that there was some sort of a lymphoma or some other weird stuff to cause his fever and that we had not performed any diagnostic studies to eliminate that.

Q Okay. The next sentence says examination was normal as usual. Do you think -- was that to you an inconsistency?

A No.

Q Or did that make perfect sense?

A No, that made perfect since. That's the reason why I sent him over to him.

Q Tell me why.

A Because I could not find anything to account for the symptoms that he had. He kept coughing and coughing. That's the main complaint he had.

Q Is your interpretation of that that his examination was normal except for the fever and the **132** beats per minute heart rate and the respiration of 26?

A Whatever was causing the fever accounts for all that.

Q Right. But in your mind, is everything normal but for those things he just mentioned when you see

this letter?
A No. This means that he did not perceive with his physical senses anything to explain what was going on with that.
Q Okay. In other words -- is this the he's-sick-but-I-don't-know-why comment?
MR. TRAVERS: Excuse me.
A No, he's saying I don't find any gross findings of why.
Q Okay. Let's go to the next paragraph: "We had a long discussion about differential diagnostic possibilities including Hodgkin's disease." Other than Hodgkin's disease, do you know what differential diagnostic possibilities he's talking about?
A I would have no idea what he discussed with the patient, unless he mentioned that.
Q So when you read that, that was something that you left unanswered in your mind, what the other possibilities were; correct?
A That's correct.
Q Here he asks to pursue a CAT scan of the chest; do you know why that would be?
A Well, because you pick up additional information that you cannot gather from a regular X-ray or from your examination.

Q Is it difficult to do a CAT scan on the chest?
A No.
Q Is it tough in this community to schedule a CAT scan of the chest?
A It all depends The most difficult time that we have is not necessarily with a facility that is going to perform the test, but is getting the patient to go along with us at the time that they are scheduled. Sometimes they have difficulties in accepting a particular time.
Q Are you aware of any difficulties in David accepting a particular time?
A I was under the impression that he was moving, and that was the reason why he did not go at the specific time.
Q Okay. Had Dr. Cropp wanted to do that CAT scan earlier?
A I would assume that.
Q Did you ever talk to David's mother about this case?
A I spoke in the hospital room while he was in the hospital, and she had, most of my conversation was actually limited, not with her, but she was present, was with the father and the patient himself. I explained every

time that I went to see the patient --

MR. TRAVERS: Excuse me, Doctor. You've answered his question.

THE WITNESS: All right.

Q Did you prescribe her any antianxiety medication?

A I might have if she was a patient of mine.

Q When you did see her in the hospital room, what did you explain to her?

A 1 explained to everybody the situation with David, the fact that he was vomiting and spitting up blood, and the X-ray report that he had some kind of masses in the lungs, which to me was totally wild because the X-ray before had been negative; and I could not comprehend exactly what was going on. All I knew is that he was very sick and that we needed to get his blood count up.

And I had directly asked David several times, David, I don't understand what's going on in here. Could you have AIDS? And he repeatedly denied that he had any kind of risk behavior. And I requested an HIV test, and he would not have it.

It was just a matter of my own trying to gather information that would be pertinent so that we could treat the person more correctly.

Q Are all these symptoms consistent with AIDS?
A No, but in a young person, a young man that presents an illness that you cannot very easily categorize right away, that is one of the things that pops into your mind readily. Could this be one of those weird manifestations of AIDS?
Q The note in here indicates that Dr. Cropp writes: "We will keep close tabs on his fever and will discuss the situation further." Did he ever discuss David Gonda with you further prior to the time he went in the hospital on August 15?
A I'm sure we discussed it, but I don't remember.
Q Are there any telephone records of those discussions?
A No, sir.
Q Do you have a working relationship with Dr. Cropp?
A What do you mean by that?
Q Is your relationship strictly professional?
A Yes, sir.
Q Is it personal also?
A No, sir, I don't ref-r to doctors because

of personal bias.

Q I'm a little bit confused about the ultrasounds that were done because you told me earlier that you ordered an ultrasound from Hitchcock X-ray?

A Uh-huh.

Q I want you to know that Hitchcock X-ray claims there was no order?

A Oh, it's in the report.

Q Where?

A Do you have the note?

Q I have the report right here. It says no pericardial effusion is noted by ultrasound.

A That's right. How would they know that unless they did one?

Q Well, I sent them a subpoena, and they informed me that they just did it without an order. Does that sound right to you?

A Not usually, no; that is not usually the case. Most radiologists would not perform, or any other consultant for that matter, in that nature would not perform a test unless you have asked for it or unless the evidence is so overwhelming to them then they feel inclined to do it.

MR. BLOMSTROM: Now, wait a second. I'm going to interject something here. You've just

indicated you've sent them a subpoena. Unfortunately under the Rules you're required to notify everyone else. When did you do that?

MR. MALIK: This week, and I believe you were notified.

MR. BLOMSTROM: I'm sure I wasn't.

MR. MALIK: You should have been notified.

MR. BLOMSTROM: Your darn right I should have been, and I wasn't.

MR. MALIK: We can ask the court reporting firm about that.

MR. BLOMSTROM: Yes, we will.

MR. TRAVERS: For the record, I received no similar notification.

MR. MALIK: Well, it's Hoffmaster court reporters, and we'll be happy to ask them.

MR. BLOMSTROM: Fine. But I want to make it quite clear to you that you have the responsibility under the Rules to provide notice, not the court reporter; you do, and I don't expect this to happen again.

MR. MALIK: My apologies if, in fact, you didn't get it; and I will check on that when I get back to town.

MR. TRAVERS: For the record, you're

going to check when you get back to town whether he got it?

MR. MALIK: On whether they were sent out, whether the copies of the subpoenas were sent to all counsel like they should have been.

MR. BLOMSTROM: My point is you have to file the notice. The Rules say that you have the responsibility and not the court reporter. And so I don't want this happening again, or I will seek sanctions, Mr. Malik.

MR. MALIK: That's fine. It wasn't done intentionally.

BY MR. MALIK:

Q Let me continue about the ultrasounds. The next ultrasound I understand that was done was done at St. --

A Elizabeth.

Q -- Elizabeth Hospital; correct?

A That's right.

Q And from the report I read, it wasn't of good quality because of David's tachycardia; correct?

A I don't know if it was because of the tachycardia necessarily, but there are all kinds of reasons why a particular test is not performed as it's supposed to.

Q Then subsequent to that, a TEE was performed; correct?

A That's correct.
Q Do you know how close the TEE was performed to the echo of poor quality?
A I believe it was within about 24 hours or something like that.
Q Okay. Do you know what kind of echocardiogram was done at St. Elizabeth?
A He had a 2D echocardiogram.
Q Are you trained to interpret echo-cardiograms?
A No, sir.
Q I'd like to go to the records, please, if you could look at your file; and I'd like you just to tell me the first date that you saw David Gonda in 1988.
A May 26.
Q Okay. And at that time or shortly thereafter, you dictated three pages of a record; correct?
A No, I did not dictate that.
Q Okay. What is that? It's entitled SOAP on top.
A Yeah, that is a rendering from my own notes. It is not a dictation to a dictation machine and for the girls, them to do that.
Q All right. So do you write your notes out on paper?

A Yes, sir.
Q And then the girls type them in?
A No, sir; I do that also.
Q You type them in yourself?
A That's correct.
Q And is this computer-generated?
A The whole thing is; it is a computer program, yes, sir.
Q Okay. And you had that all the way back in 1988; right?
A That's correct.
Q What computer program is that?
A It's called SOAP.
Q Do you know what it stands for?
A Sure. Subjective, Objective, Assessment and Plans. It's an old system.
Q Is it still in use in your office?
A For the office, the girls, no, they don't use that themselves.
Q Okay. Because you also generated a report for David in 1995; right?
A Yes, sir.
Q And is it with the same system?
A Yes, sir.
Q Okay. So the girls still do use it?

A No, that system, they don't use it here. We don't have that system in use for this in the office.
Q Okay. Where is it in use?
A I have used this at home.
Q Okay. Where are the handwritten notes for this, these reports?
A Generally when I transcribe something, I throw them out. They're practically illegible to anybody else. That's the reason why I do it.
Q So you throw them out?
A I said they are useless to anybody else. I can hardly read my own handwriting myself.
MR. TRAVERS: That would be a yes, Doctor?
THE WITNESS: Yes, I throw them out.
Q So we have a SOAP dated 5/26/88?
A Right.
Q And we have a SOAP form dated 5/15 -- no, 6/27/95; right?
A That's correct.
Q Was there any other SOAP dictation between '88 and '95?
A There's only two visits here of '95.
Q I know, but in between '88 and '95, is there anything else?

A No.
Q Do you know why David came back to see you in June of '95?
A I have no idea.
Q He didn't tell you when he came in to see you?
A No.
Q When he came in to see you, did he tell you he'd been to some of the other facilities?
A He told me he had seen Dr. Adornato, and the father brought him in here because of the business of the cough.
Q Did he tell you that he'd been to the University doctors?
A I believe he did, yes, sir.
Q Did you ever request any records from the University doctors?
A I don't recall that I did.
Q Did you ever ask him to sign a release?
A I don't remember that either.
Q Okay. If you did, would it be in the file?
A It usually would be, yes, sir.
Q Turning the second page of the SOAP document, there's an assessment there, No. 1, right, it

says --

MR. TRAVERS: '95?

MR. MALIK: '95, yes.

Q It says viral pharyngitis; right?

A Yes, sir.

Q So at that point had you adopted Dr. Adornato's diagnosis?

A No, I did not see any evidence of any bacterial infection of the throat, so the next bug is a virus.

Q Okay. Is that a diagnosis, No. 1, viral pharyngitis?

A It's a condition, yes; you can diagnose that. You can see that in any common flu.

MR. TRAVERS: So that would be a yes, Doctor?

A Yes.

Q Is that your working diagnosis as of that date, 6/27/95?

A Correct.

Q Then we go to 7/5/95. And on the bottom of that where it says assessment, you have laryngitis; correct?

A Yeah, but that's probably a typographical error.

Q What should it be?
A Let me read my own note here to find out. No, I don't think so. I think that's correct. The reason for that is because of the persistent cough that he had, **I** thought there was some irritation in here; and the -- that would be the conclusion, that he had some sort of laryngitis, whatever the cause.
Q At that point had you discarded the working diagnosis of pharyngitis?
A I don't know what you mean by d scarde(.
Q Had you replaced pharyngitis with laryngitis?
A Well, basically they're so close together, if you have one, you frequently have the other.
Q Okay.
A What that means simply is that the presenting symptom at the time of that visit was consistent with a laryngitis possibility.
Q Okay. But you're still including pharyngitis in your differential; correct?
A **I** don't see any evidence of any pharyngitis involvement in here, no.
Q So then on July 5, you're not including pharyngitis in your diagnosis?
A Not as a cause of the symptoms that he

had at the time.
Q Okay. Is this laryngitis for the specific symptom of cough?
A That's what I thought it was related to, perhaps.
Q Okay. What about for -- did he have the same or similar symptoms on July 5 of '95, that he had on June 27 of '95?
A He had similar symptoms, yes, sir.
Q Okay. So is it a fair s atement to say he would also have the pharyngitis diagnosis then, too, even though you didn't write it down?
A No; if I didn't write it down, it's because I was not impressed with the connection between the two.
Q Okay. So back to my original question; had you discarded the pharyngitis diagnosis by July 5, '95?
A No; 1 just added laryngitis to it.
Q You just added it?
A (Nodding head in the affirmative).
Q And pharyngitis stayed; right?
A I would guess.
Q Who's Dr. D. A. Hoffman?
A David Hoffman.
Q And who is that?

A Cardiologist.
Q I have a note in here from Dr. Hoffman from 1989. Did you refer David to Dr. Hoffman before?
A From 19 -- yes, sir.
Q Okay. Why did you refer him in '89?
A Because the -- I don't remember exactly why, but it was for the purpose of doing a stress test.
Q Okay. I have looked through the records and seen that David is about six feet tall and weighed about 180 pounds; right?
A Uh-huh.
MR. TRAVERS: I think he answered. You didn't hear him.
A I don't remember his measurements. On what particular time are you referring to?
Q That's what I wanted to ask you. Did you record his weight and height every time you saw him?
A Generally they're recorded every time the patient comes in.
Q Okay. Can you show me where on the SOAP document that is?
A On which one?
Q On any of them. Starting with the -- which one do you have there?
A I have July 5.

Q Okay. Here we go. Six feet, 164?
A That's correct.
Q Okay. And what was it on the 15th of '89, six feet, 164 and a half.
A Of '88, 176 pounds and six feet.
Q So you didn't notice any weight loss in Mr. Gonda during the period of time you saw him?
A I did not record that I noticed the difference between the two weights, no. That's a lot of years.
Q When you saw him on, was it the 15th of May in '89, was that strictly for a preemployment physical?
A Yes, that's correct.
Q And you said you have a copy of that?
A Yes, sir.
Q Can I take a quick look at that?
A Sure.

MR. MALIK: Can we go off the record for a minute.

(Whereupon an off-the-record discussion was had.)

BY MR. MALIK:

Q Okay. Doctor, this is going to be like the most basic of medicine; okay? But I want to wind this up by five o'clock and so I want to get as much of a synopsis as I can. On the first visit when you saw David,

what were your clinical findings?

MR. TRAVERS: '88, '95?

MR. MALIK: '95; I'm sorry.

A What do you mean by clinical findings?

Q What were your findings?

A When I first saw him?

Q Uh-huh.

A That he had fever.

Q Of what?

A In the office he hac a temperature o 99.2, and he was tachycardic at a rate of 120; and he coughed quite often while he was in the office. I mentioned about a systolic click before and which incidentally that's straight back, upper back that is mentioned on that examination is a common accompaniment of the physique of the individual that presents oftentimes with also the systolic click. So it's not a disease, per se. Are we talking about -- wait a minute; this is from what, July?

Q The very first visit of '95?

A July 5. June 27.

Q We were on the wrong page; right?

A Right. And when I -- we already covered that part that I thought he had a possible viral pharyngitis or a pneumonitis of some sort; and he did have

fever blisters.

Q He had a temperature of 99.2, did you say?

A Yeah.

Q How long had he had a fever at that point?

A Oh, I don't know exactly how many days he had it, but he had had it before when he went to see Dr. Adornato. I don't know how long before that.

Q But he himself reported it to you that he had a fever; right?

A He told me that that's the reason why he went to see Dr. Adornato; that he had fever and sore throat and cough.

Q Tell me about the cough. Do you recall what kind of cough? Was there phlegm. Was it dry?

A No; it was like an irritating-type cough. Like a dry cough. Nothing coming up. There was no phlegm.

Q Tell me about the sores; you said he had some sores on his mouth?

A No, on the lip, like common vulgaris type of a fever blisters, herpes simplex.

Q Okay. I noticed a notation in the file of chlamydia?

A Jeepers, where in the file? On my

record?
Q I thought it was on your record. It might have been on somebody else's record. This is what it was. Herpes simplex. That's what it was. Excuse me. What is that?
A Fever blisters.
Q That's not something that's sexually transmitted in this context?
A I'm sorry?
Q Herpes simplex, the way you have it written here on June 27 of '95, where could you get herpes from; where did he get it from?
A From another person.
Q Okay. This is what I want to know. Is it something from the fever; is it something from another person?
A No, you get that from another person, but it does not leave your body until you are dead. So any time that your temperature rises in the system, not every single time, but frequently when the temperature goes up, it will break out again. That's why people call it commonly fever blisters.
Q Okay. Had David reported any pneumonia to you?
A I'm not exactly sure of that, but I

believe he told me that when he was seeing someone in Cleveland, they thought he had pneumonia.

Q Did that have any impact either way on your treatment of David?

A My treatment of David?

Q Uh-huh.

A No.

Q Did you listen to his chest?

A Of course.

Q On June 27 were his lungs clear

A Clear.

Q Okay. And he had been on antibiotics at that time; right?

A He had been per Dr. Adornato, yes, sir.

Q The next time, I believe, is July 5; right? The next visit?

A Yes, sir.

Q Okay. What were your clinical findings at that point?

A Again, he had tachycardia.

Q At what rate?

A 120. And his weight was 164. What was it before? Lost a half a pound from one visit to the other, and he did not appear to be sick, in other words.

Q What about his fever?

A Had a temperature of '99.2.
Q Again?
A Uh-huh.
Q And he had the cough?
A Yes, sir, he had the cough. That's what I said. He kept clearing his throat all the time.
Q Did he complain of any shortness of breath?
A I don't recall that he did.
Q Okay. When was the next visit?
A In the hospital.
Q You only saw him twice?
A Twice.
Q The next visit that you heard about David other than the letters you got from Dr. Cropp would be when he was in the hospital?
A Yes, sir.
Q And were you phoned when he was in the hospital?
A I was called from the emergency room, if I remember correctly, to let me know that he was there; and I almost blew my mind because I couldn't figure out why.
Q Did you ever consider sending David to an infectious disease doctor?
A No.

Q Okay. In light of the fever and the cough and the tachycardia, the borderline anemia, why didn't you consider sending him to an infectious disease doctor?

A Because my initial impression was since Dr. Adornato was treating him for something upper respiratory illness, that the problem was in the respiratory system; and that's the reason why we asked Dr. Cropp to see him.

Q So then your direction in terms of requesting a consultation was more respiratory than anything else?

A That's correct.

Q It was not cardiology; correct?

A No.

Q We've been bantering this term of bacterial endocarditis around, at least I have brought it up. Do you know what the signs and symptoms of bacterial endocarditis are?

A Of course.

Q What are they?

A Some of what David had, as you mentioned; fever and frequently the patients have, the body doesn't feel right. They may have aches and pains in the system in various places; and when you examine the patient, depending

on the course of the illness as you examine the person, frequently by the time we get to see them they have a murmur of the heart, and the liver -- the spleen may be enlarged; and every so often you find all kinds of peripheral findings because they throw small, tiny blood clots throughout the system, and those are visible.

Q Peripheral findings like what, petechia?

A Like petechia. They have some little pinkish lesions that develop, and sometimes they have little tender nodules in the fingers and so on.

Q When you saw David, did you notice any of those?

A No, sir.

Q Notice any rash?

A No, sir.

Q Did you draw any blood, not for culture, but to do a CBC or --

A Yeah, we send him to the laboratory, the blood to the laboratory; and that's the one that you have.

Q And how was his white blood cell count when you got the results?

A It was a little elevated. I think it was 13-something because I remember looking at it when you mentioned about that before. Yeah, 13.2, which is a, you know, a minimal elevation as well.

Q Is that something you'd expect with the fever that he had?
A Yes, sir. Any kind of infection for that matter.
Q So is it a fair statement to say at that point there really isn't anything alarming to you as a physician?
A Not alarming, no.
Q Any red flags jump out at you during those two visits?
A No, sir.
Q Did you ever talk to Dr. Cropp about David going to an infectious disease doctor?
A Not that I remember.
Q Did you ever talk to David about it?
A No, sir, that I remember.
Q Did you ever talk to anybody about it?
A No, sir.
Q And you didn't talk to anybody about a cardiologist either; correct?
A For this particular illness?
Q Right.
A No.
MR. TRAVERS: Prior to the hospitalization.

A No, no.
Q Right. But yet you had sent him to Dr. Hoffman at another time for a stress test?
A That was because, if I recall, he was having some discomfort in the chest, and I just wanted to for his own satisfaction, not for mine.
Q Assuming you thought cardiology, who would you have sent him to to be examined by?
A Mr. Ruf already asked me that question.
Q Oh, I'm sorry.
A That's all right. Any of the guys in town I consulted with, and at St. Elizabeth Hospital we have a whole slew of them. At that particular time I selected Dr. Hoffman. Generally the way that I do refer people, I find out what is in their plan, what doctor they can go to; and also they prefer or they've heard of somebody that they would like to go. And if they haven't, then I try to get someone that not only is an expert in the field but personality-wise they will match the personality of the patient, because that's a very important part of seeking a good relationship.
Q You had indicated to me earlier that you were familiar with bacterial endocarditis. Are you aware of what kind of bacteria causes bacterial endocarditis?
A Just about any bacteria.

Q Would they be bacterias that you would expect to grow in a culture?
A Depends. Generally, yes, but there are some bacteria that are not so easy to grow, and sometimes they won't grow.
Q What about in a patient that's on the antibiotics that David was on. Would you expect bacteria not to grow being on those antibiotics?
A It perhaps won't.
Q Is there anything known as nonbacterial endocarditis?
A The term is not familiar to me, but there are other entities that can cause problem with the endocardium. They are not necessarily infective.
Q So bacterial endocarditis is just one kind of a --
A That's correct.
Q And when we say endocarditis, the -itis means inflammation?
A That's right.
Q So we're talking the inflammation of the endocardium?
A The inside of the heart.
Q Did you review the autopsy report in this case?

A I just did recently. I've never got any communication from the Cleveland Clinic.
Q Are you aware that Dr. Wiedemann wrote David's parents a letter?
A There is a recollection. 1 don't recall if I got a copy of the letter or not. I really don't. But I do remember it because I think it was his sister; somebody in the family told me that, I believe.
Q Well, just to paraphrase, in that letter he talked about endomyocardial fibrosis. Is that what the autopsy said David ultimately had?
A Well, that's what the -- I don't have a copy of that myself.
Q When did you review it?
A Oh, gosh. When did you get it to me? I don't know. It was some time ago. I don't remember when.
Q Well, are you familiar with endomyocardial fibrosis?
A Not a whole lot. That's a very rare bird.
Q Okay. That's my point. It's really a rare bird in western countries like ours, isn't it?
A That's correct.
Q It's more aptly found in, what is it, Africa?

A Tropical settings, mostly Africa.
Q Do you accept what the autopsy says after having read it?
A I have no reason to doubt. I am not a pathologist. I have to take their word for it.
Q Okay. Have you ever had any patients with bacterial endocarditis?
A Yes, sir.
Q How many cases would you say you've seen?
A That 1 have seen myself?
Q Yeah, I mean because you've seen it other than having patients; right? I mean, during training, too; right?
A Oh, sure. And I could not begin to venture a guess, but I would say probably more than 20 or 25 patients. You don't see that very often, as common as it used to be before.
Q Is it a treatable condition?
A Yes, sir.
Q Do you have any idea what the success rate is?
A If treated, it all depends on the germ and the location in the heart of the particular, and the condition of the valves of the heart before the infection occurs.

Q Have you ever had a patient with endomyocardial fibrosis?

A I never --

MR. TRAVERS: This might be a trick question. He has not testified that that's what David Gonda had.

MR. MALIK: I understand.

A If I've seen the one, it's David, because that's what they said he had.

Q But you're not necessarily accepting that autopsy report; right?

A Why not?

Q Well, did you see any slide interpretation on that autopsy report?

A Oh, they don't usually give us a slide interpretation of the pathology.

Q So would you think that that's a complete autopsy report, even though there's no slide interpretation?

A From my point of view, okay, what a pathologist requires in order to arrive at a diagnosis is his business. Now, what he chooses to make me aware of is also his business. I would imagine that -- and that's my own perception. I would imagine that a complete autopsy would include the microscopic evaluation, examination of

the tissues.
Q Well, you've read autopsy reports before; right?
A Sure.
Q What's the policy at St. E's?
A I don't know what the policy is, but they report the whole thing.
Q The microscopic findings; right?
A Sure.
Q Did you ever talk to Dr. Wiedemann at all?
A I don't think so.
Q Did you ever talk to the pathologist in this case?
A I don't think so either. I spoke with a young -- that's all.
Q Go ahead. Who did you speak with?
A There was a young lady that called me from the Cleveland Clinic to let me know when David died.
Q I see. Do you know what she told you?
A Yeah, that he died of a sarcoma of the heart. Had a tumor of the heart.
Q Now, just so I'm clear in terms of tests being ordered, you testified today that you specifically ordered an ultrasound from Hitchcock X-ray; right?

A That's correct.
Q You ordered a chest X-ray; right?
A That's correct.
Q You ordered a sputum culture?
A Throat culture.
Q Throat culture.
A Which was done.
MR. TRAVERS: David, excuse me, if we had started on time, maybe I would not object to you going through and asking all the same questions over again, but I'm having a little problem with this. I mean, he has already answered all these questions.
MR. MALIK: And I respect that. I'm almost done. I absolutely respect that.
Q You ordered an echocardiogram?
A Are you talking about in the hospital or before the hospital?
Q Before the hospital.
A Yeah, I already said that.
Q I lost my train of thought. And you ordered blood tests?
A That's correct.
Q Not cultures, but blood tests?
A Blood count, yes.
Q Are there any tests done in 1995 which

could have been done sooner, taking into consideration --

MR. TRAVERS: I'm going to object to the question "could have been".

Q Taking into consideration his condition? Let me rephrase that. Should have been done. Should have been done sooner.

A I don't understand what you're aiming at.

Q Okay. Should have been done sooner.

A But I don't know which test.

Q Was the CT scan done in a timely way?

A Well, that was an interpretation by the pulmonologist, at which time he decided when to order one and when to do it. It's not my job to tell him when to do those things.

Q The TEE, did you have a problem when that was done, or do you think it should have been done earlier?

A No, I have no problem with that because that's not a procedure that we do routinely all the time.

Q Let me cut to the chase. Do you have any criticism of any of the other doctors in this case?

A No, sir.

Q Or of any of the tests that were done?

A Tests that were done?

Q Uh-huh.

A No, sir.

Q For your testimony today, did you rely on any books or materials outside of your file?
A No, sir.
Q I'm sure Mark asked you this; what's your native country?
A Dominican Republic.
Q Okay. So what language would you speak?
A Spanish.
Q Do you read bilingual?
A Yes, sir.
Q You speak bilingual?
A Yes, sir.
Q So you can read medical journals both in Spanish and in English?
A That's correct.
Q And do you do so?
A No.
Q Just in English?
A Just in English.
Q When David saw you, was he fatigued?
A Oh, gee --
Q I'm not talking about, "Doc, I'm tired"; I'm talking about did he have a symptom of fatigue?
A I don't remember offhand. But if you remember, one of the comments was that he did not appear to

be ill.

Q Right.

A So generally when you're very sick, you look, you're sick.

Q And when you saw him in the office, how long did you see him for each time?

A The first time I would assume probably better than an hour, because that's the usual time that it requires for a complete evaluation of someone like that. The following time was probably much shorter than that. I would say 20 minutes, a half an hour perhaps.

Q Okay. Did you ever consider that David's symptoms could lead to his total disability?

A No.

Q Did it ever occur to you that he could die from the symptoms he presented to you with?

A No.

Q Was David a candidate to be in the Intensive Care Unit from the symptoms that he presented to you?

A At the office?

MR. TRAVERS: At what point?

Q In 1995.

A At the office?

Q Right.

A No.
Q Did you feel that during the period of time you saw David, that he was responding to any of the treatment that had been given previously?
A No, I don't think he was because he was still having the symptoms continue. The cough and everything else did not disappear.
Q Were you able to formulate any opinion as to David as a person?
A I did not have a whole lot of contact with David over the years because he was out of town mostly. He struck me as a very pleasant young fellow, and I felt very bad that he was so sick. I always thought the world of him. David did have a little mannerism about him. It's kind of effeminated or soft way of speaking, you might say. And that, his youth and the fact that he had sickness that we couldn't figure out, led me, when he was at the hospital, led me to ask him, you know, like everybody else did, regarding his sexual behavior. And he denied flatly that it was anything but heterosexual behavior.
Q Are you telling me as we sit here today that you think David might have been a homosexual?
A I didn't think he was. I said his mannerism and the condition that presented led me to ask those questions.

Q Assume for the minute you have a child coming in to see you, a child that's, let's say, eleven years old.

A I don't see children that age.

Q That takes care of that hypothetical. What is doxycycline?

A It's a generic antibiotic in the family of the tetracyclines.

Q Did you rely on anything that was told you by Dr. -- other than the written material that was tol you by Dr. Franco, Dr. Cropp or Dr. DeMarco for this deposition today?

A I'm sorry; I can't --

Q Did you rely on anything any of the other doctors have told you in order to prepare for this deposition today?

A No.

Q Is it a fair statement to say that a physician can reach a differential diagnosis of a patient, even if all the symptoms of a specific condition aren't present? In other words, if some of the symptoms are there, do you include it in your differential?

A It depends on the length of the list of differentials. The greater the amount of information that you have, the narrower the differential becomes, but there

are many illnesses that have common symptoms. Too many to include all of them.

Q What about seeing a patient twice; do you think you were limited in formulating a diagnosis because you saw him two times instead of 20 times?

A Sometimes you can arrive at a diagnosis on the first visit. I was just unfortunate that I did not figure out what was going on with him in two visits.

MR. MALIK: Let me just check with these guys and see if there's anything else.

MR. TRAVERS: While you're checking, David, if you don't mind in light of the late hour, does anybody else have any questions they would like to ask Dr. Ruiz?

MR. BLOMSTROM: Since it's on videotape, 1 do have one.

CROSS EXAMINATION:

BY MR. BLOMSTROM

Q Doctor, if there are a number of things on a differential diagnosis, does that mean that the likelihood of each one of those is the same?

A No, sir. The closer -- that's it.

Q Some may be more likely than others, and some may be extremely unlikely; is that correct?

A That's correct.

MR. BLOMSTROM: I don't have anything else.

BY MR. MALIK:

Q Just a couple more questions then we're done. Do you have an obligation as a physician -- no, strike that.

Do physicians have an obligation to their patients to narrow the differential diagnosis?

A I don't know what you mean by an obligation.

Q Is it within the standard of care to narrow down the differential diagnosis?

MR. TRAVERS: I'm going to object to that question.

A I still don't know. I don't know exactly what he's driving at.

Q Okay. What I'm driving at is --

A What do I do with a differential diagnosis?

Q No. Isn't it one of a, one job as a physician, to exclude the possibilities so that you're left with the probabilities?

A That's part of the overall taking care of a person, whatever the setting might be.

Q Okay. What did you do at St. Elizabeth's

Hospital when David was in there in August?
A I didn't do much myself.
Q Did you examine him?
A Oh, yes, sir.
Q And did you write any notes?
A I don't remember exactly how many notes I wrote or anything; not a whole lot, simply because I was acting mainly as a liaison between the other physicians that were seeing him and the family and the patient.
Q Okay. When you say you were acting as a liaison, what do you mean?
A Explain to them the reports and the tests that they did or they wanted to perform.
Q Okay. I'm handing you or I'm going to show you a piece of paper from the hospital, and I can't tell, is that your signature on it, on the bottom?
A No.
Q Okay. Thank you. Can I have the piece of paper that fell?
A (Complying).
MR. MALIK: Anything else?
Q Isn't one of your jobs as a physician to render a diagnosis?
A It depends on what position or part I'm playing in the particular case.

Q Well, in David Gonda's case when he saw you in 1995, wasn't it your job to render a diagnosis?
A I did.
Q And a diagnosis was pharyngitis one time and laryngitis the other; right?
A And the possibility that he also may have pneumonitis.
Q And the purpose of rendering a diagnosis is so that he can get treatment; correct?
A If the condition is treatable, yes.
Q Okay. Did you participate in David going to the Cleveland -- getting to the Cleveland Clinic.
A I was trying to remember that aspect, and I really cannot come up with a definite thing. I must have talked to somebody over there to make sure that there was a physician that could see him when he got there.
Q Well, I have a note here on 8/17; copy chart for Cleveland Clinic via Metro Life, TO; I'm assuming that's telephone order --
A That's correct.
Q -- Dr. Ruiz?
A That's because the nurses may have called me to tell me the people that were going to transfer David were there, and they needed an order to copy the chart for them to give it to the Cleveland Clinic.

Q Have you discussed this case with anybody else in David's family?

A In David's family?

Q Uh-huh.

A Well, members of the family.

Q Who in the family?

A Well, his father, his sister, and I think one of his uncles once asked me something about that.

Q Okay. Do you recall what you said to one of his uncles?

A Oh, God, I don't know.

Q Do you recall whether or not you told one of his uncles that the doctors in this case were going to get together and that they were going to counter sue and that the Gondas could lose everything for bringing this suit?

A 1 don't remember that.

Q Does that sound like something you would say?

MR. TRAVERS: If he did, it was upon the advice of counsel when you sued 127 people or something when you filed the Complaint.

A I don't remember the conversation.

MR. MALIK: Thank you.

MR. BLOMSTROM: During the course of

the deposition we've had three statements by Mr. Malik as to what he was told or learned or what he has found somewhere else. I move to strike all such statements as they don't amount to testimony. Then I'm done.

MR. MALIK: We object. Can we just go through and put on the record everything that's in your notes. Do you want copies, Mark?

MR. RUF: I don't think we got everything. I counted 61 documents in his records. There's actually -- some records that are double-sided. There's actually 70 pages with something on it. I don't think we got a complete copy of his records.

MR. TRAVERS: I don't know where you got the records. I don't know if you're relying on records that I provided, but if you did and if they're not **all** there, I would represent that my letter probably said we're providing you with copies of all records from his chart that are not already otherwise reproduced in the hospital chart. He does have quite a volume of records that were provided to him from the hospital chart that I think would probably comprise the difference in those numbers.

MR. GRIFFIN: Why don't we end the videotaping portion.

MR. RUF: Could you give us a complete copy of the record?

MR. GRIFFIN: Time out. If we're done with questioning, and what you're going to do is to make sure you're going to have every record you want, I'm going to leave; and I'll ask the court reporter for a copy of the record if and when it's ordered.

MR. TRAVERS: And I'm going to advise you, Doctor, that you should tell the court reporter you would like to read the transcript of your deposition.

THE WITNESS: Definitely.

MR. TRAVERS: Do you want to watch yourself on television, too. He'll waive the viewing.

REPORTER'S CERTIFICATE

I HEREBY CERTIFY that the above and foregoing is a true and correct transcript of all the testimony introduced and proceedings had in the taking of the testimony in the above-entitled matter, as shown by my stenotype notes taken by me at the time said testimony was taken.

Lisa C. Nagy-Baker
Registered Merit Reporter

STATE OF OHIO)
) SS: CERTIFICATE
MAHONING COUNTY)

I, DR. JUAN RUIZ, depose and say that 1 have read the foregoing deposition and find it true and correct, unless otherwise specifically excepted to and indicated on Page 114-A, and any following numbered pages thereafter, if applicable, and I subscribe my signature to the aforesaid deposition this _____ Day of _____, 1998.

_____
DR. JUAN RUIZ

Before me, a Notary Public within and for the State of Ohio, personally appeared DR. JUAN RUIZ, who, being first duly sworn, deposes and says that he has read the foregoing deposition and finds it true and correct to the best of his knowledge, information and belief, unless otherwise specifically excepted to and indicated on Page 114-A, and any following numbered pages thereafter, if applicable.

SWORN AND SUBSCRIBED before me this _____ Day of _____, 1998.

_____
Notary Public
My Commission Expires

S-O-A-P

Patient Profile

Date Today: **06/27/1995**
Doctor J. RUIZ

1 Last Nm: GONDA
2 Frst Nm: DAVID
3 Midl Nm: PAUL
4 Brth Dt: **09/02/1967**
5 Occup : STUDENT/CWRU
6 Livs w/: PARENTS
7 Chrt No: **20560**

8 St No : **4585** EUCLID BLVD
9 City : BOARDMAN
10 State : OHIO
11 Zip : **44512**
12 Phone : **788-1961**
13 Ins-Mc:
14 Ref Dr:

15 Updated: **06/27/1995**
16 Cur Vst: **06/27/1995**
17 Doc : J. RUIZ
18 Prob: COUGH/FEVER
19 Prv Vst: **05/15/1989**
20 Doc : J. RUIZ
21 Prob: PRE-EMPLOYMENT

InAx 1st 10 **Meds/Habits** Dosage

22 COFFEE W/CAFFE **2** cups/day
23 ^
24 ^
25 ^
26 ^
27 ^
28 ^
29 ^
30 ^
31 ^

Drug Allergies

32 NONE
33
34
35

Characteristics

36 Smoker : NO
37 Coffee : YES
38 Alcohol : NO
39 AGE years: **27**
40 Male/F : M

Problem List/Dates

41
42
43
44
45
46
47

Immunization/Date

48 PNE ;FLU
49 TD

Hospitals/Dates/Dx

50
51
52
53

Surg/Procedures/Dates

54 T & A/SEH/1973
55
56
57

Family History

58 Fthr L-WELL;
59 Mthr L-WELL;
60 Sibs **2**
61 Chlds **0**

62 Comment: LAW STUDENT AT CWRU;

SUBJECTIVE: Paul has been treated by Dr. Adornato for several days for cough, sore throat and fever. He was told he had pneumonia on **5-19-95** and was given Erythromycin for 1 week. He has had a persistent cough and need to clear his throat all the time, ever since. Despite the antibiotics, he continued to have fever and sore throat. Dr. Adornato put him on Duricef but the symptoms did not improve, then he was put on Zithromax, but continued to have fever even while taking the antibiotic. He has two days left on the Zithromax and does not feel any better. He had fever of 101.5°F on **6-3-95** and of **102°F** yesterday. The fevers are daily, sometimes **2-3** times a day and will go down even without taking anything.

OBJECTIVE: Wt: **164½** Ht: **6'** **BP:** 110/62 Pulse: 120, reg. Temp: **99.2°F**

General:	Slender w/m, coughing frequently, but does not seem distressed.
Head & Neck:	No nodes or thyromegaly.
Eyes:	No icterus.
ENT & Muc Mem:	Herpes labialis lesions. Oropharyngea mucosa is slightly injected.
Chest & Lungs:	Clear.
Heart:	Sinus tachycardia, systolic click.
Breasts:	Negative.
Abdomen & Hern:	Unremarkable.
Genitalia:	Negative.
Rectum:	N/E.
Back:	No CVA tenderness. Straight upper back.
Extremities:	No edema. Pulses 3+. No joint changes.
Skin & Lymph:	No lymphadenopathy.
Neurological:	Negative.

PLAINTIFF'S EXHIBIT

DAVID PAUL GONDA

ECG: Sinus tachycardia. Remnant of juvenile T pattern vs ischemia (doubt).

ASSESSMENT:

1. Viral pharyngitis.
2. R/O pneumonitis.
3. Herpes simplex labialis.
4.
5.
6.

PLANS:

1. Chest X-ray, today and wet reading, today.
2. CBC and Differential today.
3. Humibid DM 600 mg, 2/bid
4. Consider Doxycycline.
5.
6.

Next Office Visit: 1 month

Signature J. Russum

Genitalia: Normal external male genitalia.

Rectum: No hemorrhoids. No rectal mass. Prostate is of normal sire and consistency. Negative stool Guaiac.

Back: Straight upper back.

Extremities: Unremarkable. Pulses 4+.

Skin & Lymph: No rash, striae skin tumor or lymphadenopathy.

Neurological: Intact crania? nerves. DTR's 3/3. No abnormal reflexes. Negative Romberg's test. Vibratory sense is normal.

ELECTROCARDIOGRAM: None.

LABORATORY: Norma? SMAC22/cbcd/urine, except for: ALK.PHOSPH: 107 IU/L; SGOT: 138 IU/L; SGPT: 53 IU/L.

ASSESSMENT:

1. Good general health.
2. Systolic click.
3. Straight upper back.
4. Unexplained elevation of liver enzymes.
5. Patient told about all *of* the above.

PIAN:

1. No medications.
2. Advised to have repeat physical in 1–2 years.
3. Palpitations and elevaticn of liver enzymes may be secondary to Caffeine pills.

Signature Juan A. Ruiz

Juan A. Ruiz, M.D.

PLAINTIFF'S EXHIBIT

NAME
GONDA DAVID

N

SPECIMEN I.D. MBER
0145857

ACCESSION NO.
145857

RECEIVED
05/19/88
REPORTED
05/20/88

TEST	RESULT NORMAL	RESULT ABNORMAL	REFERENCE RANGE		UNITS
SMAC22/CBCD/URIN.					
PROTEIN (SERUM)	7.0		6.0	8.3	MG/DL
ALBUMIN (SERUM)	5.3		3.5	5.4	GM/DL
BILIRUBIN TOTAL	.8		0.1	1.3	MG/DL
ALK. PHOS. (SERUM)		107H	20	101	IU/L
'AST (SGOT)		138H	10	40	IU/L
ALT (SGPT)		53H	5	40	IU/L
LDH (SERUM)	232		90	255	IU/L
CHOLESTEROL TOTAL	170		150	300	MG/DL
CHOLESTEROL LEVEL FOR OPTIMAL ADULT HEALTH IS <200 MG/DL ..					
TRIGLYCERIDES	123		10	195	MG/DL
GLUCOSE (SERUM)	87		65	120	MG/DL
BLOOD UREA NITROGEN	15		8	25	MG/DL
CREATININE (SERUM)	1.0		0.5	1.4	MG/DL
URIC ACID (SERUM)	7.0		3.3	9.0	MG/DL
CALCIUM (SERUM)	9.2		8.5	10.3	MG/DL
PHOSPHORUS (SERUM)	4.3		2.3	4.5	MG/DL
SODIUM (SERUM)	141		137	148	MEQ/L
POTASSIUM(SERUM)	4.9		3.4	5.1	MEQ/L
CHLORIDE (SERUM)	102		95	110	MEQ/L
GGT (SERUM)	9		0	60	IU/L
IRON (SERUM)	154.0		45	210	MG/DL
GLOBULIN	1.7				GM/DL
ALBUMIN/GLOBULIN RT.	3.1				
BUN/CREATINE RATIO	15.0				
WBC TOTAL	5.0		3.8	10.1	1000/CU MM
ERYTHROCYTE COUNT	5.12		4.60	6.20	MILLION/CUM
HEMOGLOBIN	15.5		13.5	18.0	GM/DL
HEMATOCRIT	45.1		40.0	54.0	%
MCV	83		80	100	CU MICRONS
MCH	30.3		27.0	33.0	PICOGRAMS
MCHC	34.4		32.0	36.0	%
PLATELETS	216		140	440	1000/CU MM
EOSINOPHILS	01		0	6	%
NEUTROPHILS	43		40	75	%
LYMPHOCYTES	42		18	47	%
MONOCYTES	09		0	10	%

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JUAN A. RUIZ, M.D.
SOUTH BRIDGE EXECUTIVE PARK
725 BOARDMAN-CANFIELD ROAD
YOUNGSTOWN OH 44512

DeYor Laboratories

DeYor Laboratories Inc.
P.O. Box 3949
7655 Market Street, Suite 500
Youngstown, Ohio 44512

(216) 758-5788

PLAINTIFF'S EXHIBIT

Heart Associates
Dr.D.A.Hoffman, Inc.

____ Regular
_X_ Thallium

TREADMILL EXERCISE STRESS EKG STUDY

NAME David Paul Gonda AGE 21 DATE 8/21/89 NUMBER _____

ADDRESS 4585 Euclid, Boardman, Ohio 44512 PHONE (216) 788-1961

REFERRED BY Dr. David A. Hoffman/Dr. Ruiz:

TECHNICIAN: Julianne Pontuti, R.T.N., C.N.M.T.

HISTORY: No complaints. Mother has history of mitral valve prolapse. Patient smokes occasionally.

DRUGS:	YES	NO
Digitalis		X
Quinidine		X
Betablockers		X
Nitrates	X	
Others		X
Lasix	X	
Lanoxin		X
Slow K	X	
Verapamil	X	
Cardizem		X
Nifedipine		X

PHYSICAL EXAM: Height 6'0"
Weight 180 lbs.
Blood pressure 120/84

RESTING EKG INTERPRETATION

Rate 74 PR interval .14 sec.
Rhythm Low Atrial QRS interval .08 sec.
Findings Early repolarization.

MET WORK - STAGE INTERPRETATION

4.0 Stage I=1.7 MPH at 10% elevation
6.3 Stage II=2.5 MPH at 12% elevation
8.5 Stage III=3.4 MPH at 14% elevation
11.0 Stage IV=4.2 MPH at 16% elevation
14.0 Stage V=5.0 MPH at 18% elevation

Pre-Exercise Heart Rate: Supine 65 /min. Standing 74 /min.
90% Maximal Predicted Heart Rate: 177 /min.
Baseline ST segment: 0

EXERCISE	MIN	HEART RATE	BLOOD PRESSURE	SYMPTOMS	ST SEGMENT DEPRESSION	EKG CHANGES
Stage I	1	107				
1.7 MPH	2	100	126/64			
t work 4.0	3	102				
Stage II	4	121				
2.5 MPH	5	127	152/60			
Met work 6.3	6	128				

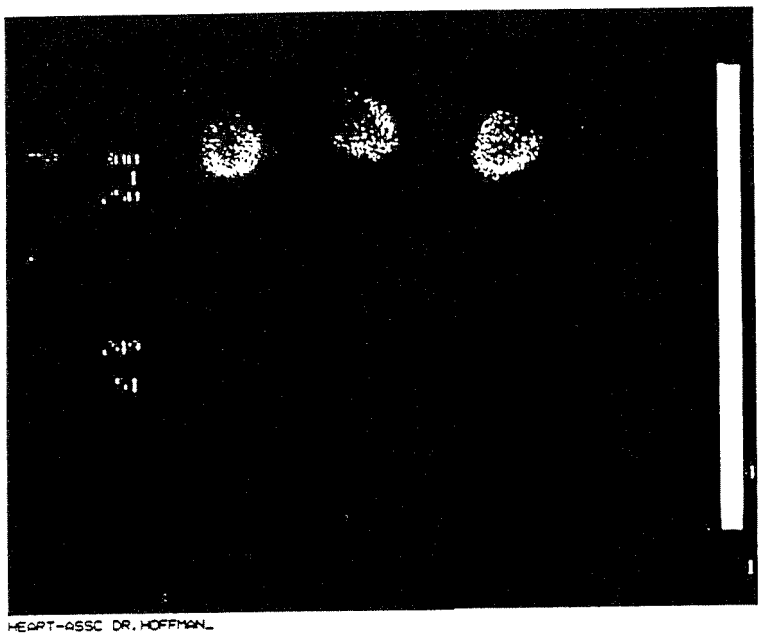
PLAINTIFF'S EXHIBIT

TREADMILL EXERCISE STRESS EKG STUDY

NAME David Paul Gonda

August 71 1989

THALLIUM STRESS EXERCISE IMAGE INTERPRETATION AND RECOMMENDATIONS:



DESCRIPTION: In the 45° LAO, 70° LAO, and anterior projections, there was normal perfusion to the anterolateral, septal, apical, inferior, and posterolateral segments. There was no significant change on delayed reperfusion scan. Note is made that cardiac uptake was greater than lung uptake.

CONCLUSIONS: Essentially normal stress Thallium perfusion scan.

Dr. D.A. Hoffman

DR. D.A. HOFFMAN

DAH/cpt

PLAINTIFF'S EXHIBIT

INTERPRETATION

S. Tachycardia.

Increased septal forces. (Weight lifter)

Remnant of juvenile T pattern vs. ischemic (doubt)

J. Ruiz 6/27/95

PATIENT Gonda, David NO.

DOCTOR J. Ruiz DATE 6-27-95 ECG

AGE 27 SEX M HGT. WGT. BP

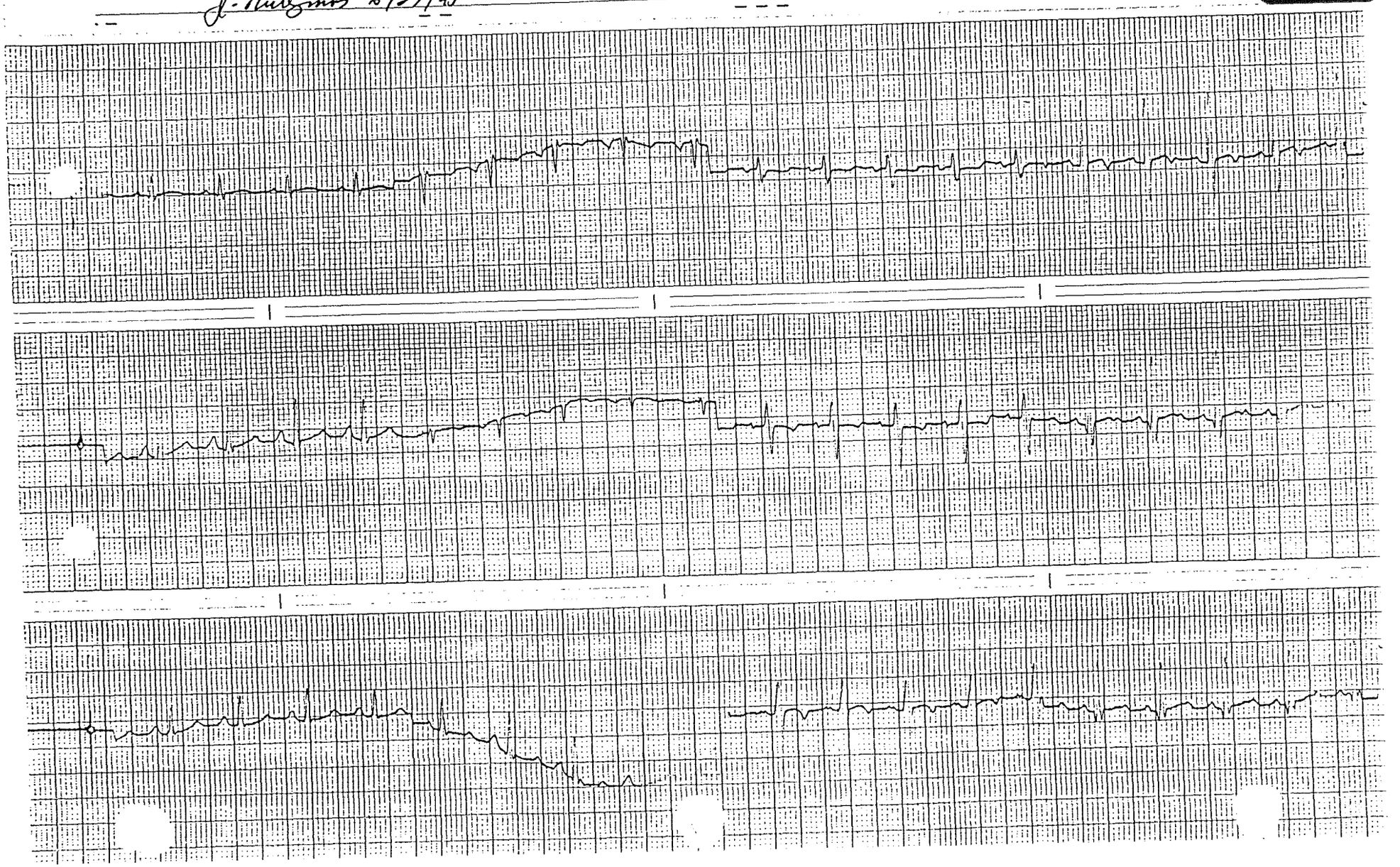
DRUGS

RATE 120 PR 0.12" CODE

QRS .08" QT 0.28" I II III RLF GAIN LEAD GROUP

AXIS +75° VI THRU V6 GAIN

PLAINTIFF'S EXHIBIT



S-O-A-P	Patient Profile	Date Today: 05/26/1988
		Doctor : J. RUIZ
1 Last Nm: GONDA	8 St No : 4585 EUCLID BLVD	15 Updated: 05/26/1988
2 Frst Nm: DAVID	9 City : BOARDMAN	16 Cur Vst: 05/26/1988
3 Midl Nm: PAUL	10 State : OHIO	17 Doc : J. RUIZ
4 Brth Dt: 09/02/1967	11 Zip : 44512	18 Prob: NEW PATIENT CPX
5 Occup : STUDENT/CWRU	12 Phone : 788-1961	19 Prv Vst:
6 Livs w/: PARENTS	13 Ins-Mc:	20 Doc :
7 Chrt No: 20560	14 Ref Dr:	21 Prob:

InAx 1st 10 Meds/Habits Dosage	Drug Allergies	Problem List/Dates
22 COFFEE W/CAFFE 2 cups/day	32 NONE	41
23 ^	33	42
24 ^	34	43
25 ^	35	44
26 ^	Characteristics	45
27 ^	36 Smoker : NO	46
28 ^	37 Coffee : YES	47
29 ^	38 Alcohol : NO	Immunization/Date
30 ^	39 AGE years: 20	48 PNE ;FLU
31 ^	40 Male/F : M	49 TD

Hospitals/Dates/Dx	Surg/Procedures/Dates	Family History
50	54 T & A/SEH/1973	58 Fthr L-WELL;
51	55	59 Mthr L-WELL;
52	56	60 Sibs 2
53	57	61 Chlds 0

62 Comment: TAKING "PLASTIC ENGINEERING" AT CWRU;

NEW PATIENT HISTORY AND PHYSICAL

SUBJECTIVE: David is a 20 y/o College student at CWRU in Cleveland] taking "Plastic Engineering." He has no major symptoms but has noticed occasional headaches which respond to ASA, a sensation of "vibrations" in the left ear at times. He also has an occasional sensation of heart skipping, however, he is able to lift weights and play vigorous basketball games, without symptoms. He has noticed an occasional red streak of blood in the stools. He takes Caffeine pills to stay awake studying.

PAST MEDICAL HISTORY: Chicken Pox.
1973: Hospital Admission: SEH. T & A.

FAMILY HISTORY:
PARENTS: Both are living and well.

SIBLINGS: Two, a younger brother and sister, both well.

SOCIAL HISTORY: Single, student. No smoking or drinking. Denies any risky behavior.

EDUCATION: High School and 2 years of College.

OCCUPATIONAL HISTORY: None.

MEDICATIONS: None.

HEALTH MAINTENANCE: None.

IMMUNIZATIONS: Measles: 1968; Rubella: 1970; Mumps: 1972; Polio series: 1984; TBC: 1987/negative.

DIET: General.

ALLERGIES: None.

REVIEW OF SYSTEMS:

Head & neck:	No symptoms.
Eyes:	No symptoms.
Ears:	Vibrations 1eft ear.
Mouth:	No symptoms.
N & T:	No symptoms.
Respiratory:	No symptoms.
Cardiovascular:	Heart skipping, at rest.
Digestive:	No symptoms.
Urinary:	No symptoms.
Genital:	No symptoms.
Musculoskeletal:	Occasional back ache.
Skin:	No symptoms.
Neurological:	No symptoms.
Mood:	No symptoms.
Endocrine:	No symptoms.
General:	No symptoms.

OBJECTIVE: Wt: 176" Ht: 6' BP: 118/70 Pulse: 90, reg. Temp: 98.7°F

General: W/D, W/N, W/M, in no acute distress.

Head & Neck: Normocephalic. Normal motions. No bruits, thyromegaly or nodes. Midline trachea. No JVD.

Eyes: PERLA. Clear Media. Normal fundi. No jaundice. Normal color conjunctiva.

ENT & Muc Mem: Midline nasal septum. Intact TM's. Unremarkable teeth, gums and pharynx.

Chest & Lungs: Symmetrical with good respiratory expansion. Lungs clear to P & A, with vesicular breathing throughout.

Heart: RSR. Systolic click without murmur (his mother also has click). No cardiomegaly.

Breasts: Normal male breasts.

Abdomen & Hern.: Soft. No tenderness, organomegaly or mass. No hernia.

(COMPLETE) (H)	Age	Sex	Control #	Patient ID	Phys ID
GONDQ, DQUID 4585 EUCLID ELVD YDUNGSTDWN OH *44512-16888* (216) 788-1961 DOE ***9/82/67***	27/09	M			***341004260***
	Fastinq NO	Account Number 34116260 JURN A RUIZ M.D. SOUTH BRIDGE EXECUTIVE PQRK ***725*** BOARDMAN CRNFIELD RD YOUNGSTOWN, OH 44512-8888 **(216) 758-7571**			
	Tot Vol 0008				

Spec Date ***6/27/95*** 4:06	Received ***6/28/95***	Reported 6/28/95 8:47	Seq# 115

TEST	RESULT	OUT OF RRNGE	UNITS	LIMITS	LAE
RDW	***14.7***		%	12.3- 15.3	CE
CBC WITH DIFFERENTIRL					
White Blood Count		13.2 H	X 10-3/uL	4. 1- 10.3	CE
Red Blood Count	*4.64*		X 10-6/uL	*4.38*- 5.60	CE
Hemoglobin		12.2 L	g/dL	13.5- ***17.0***	CE
Hematocrit		37.1 L	%	***40.0***- 51.0	CE
MCV		80 L	fL	81- 95	CE
MCH		26.3 L	pg	***27.0***- 33.0	CE
MCHC	32.9		g/dL	52.5- ***35.5***	CE
Plate1ets	***276***		X 10-3/uL	150- ***415***	CE
Polys	***75***		%	*45*- ***76***	CE
Lymphs		15 L	%	***17- 44***	CE
Easos	0		%	0- 2	CE
Polys (Rbsolute Value)		9.9 H	X 10-3/uL	1.8- 7.8	CE
Lymphs (Absolute Value)	***E!.*** 0		X 10-3/uL	0.7- 4.5	CE

LAB: CB LABCORP HOLDINGS (ROCHE) DIRECTOR: GRRY E. BARNETT_MD
6370 WILCOX RORD, DUBLIN, OH 43016-1296

LRST PRGE OF REPORT

PATIENT NOTIFIED
DATE 6/21/95 JAR

PLAINTIFF'S EXHIBIT

REPORT

HORIZON REPORT FORM HR103J ARTER 1995

S-O-A-P | Patient Profile | Date Today: **07/05/1995**

Doctor : J. RUIZ

1 Last Nm: GONDA		**8** St No : **4585** EUCLID BLVD		**15** Updated: **07/05/1995**	
2 Frst Nm: DAVID		**9** City : BOARDMAN		**16** Cur Vst: **07/05/1995**	
3 Midl Nm: PAUL		10 State : OHIO		**17** Doc : J. RUIZ	
4 Brth Dt: **09/02/7967**		11 Zip : **44512**		**18** Prob: COUGH/FEVER	
5 Occup : STUDENT/CWRU		**12** Phone : **788-1961**		**19** Prv Vst: **06/27/1995**	
6 Livs w/: PARENTS		**13** Ins-Mc:		**20** Doc : J. RUIZ	
7 Chrt No: **20560**		**14** Ref Dr:		**21** Prob: COUGH/FEVER	

InAx 1st 10 Meds/Habits	Dosage	Drug Allergies	Problem List/Dates
22 DOXYCYCLINE	**100** mg/bid	**32** NONE	**41**
23 HUMIBID-DM	**1200** mg/bid	**33**	**42**
24 ^		**34**	**43**
25 ^		**35**	**44**
26 ^		Characteristics	**45**
27 ^		**36** Smoker : NO	**46**
28 ^		**37** Coffee : YES	**47**
29 ^		**38** Alcohol : NO	Immunization/Date
30 ^		**39** AGE years: **27**	**48** PNE ;FLU
31 ^		40 Male/F : M	**49** TD

Hospitals/Dates/Dx	Surg/Procedures/Dates	Family History
50	**54** T & A/SEH/1973	**58** Fthr L-WELL;
51	55	59 Mthr L-WELL;
52	**56**	**60** Sibs **2**
53	**57**	**61** Chlds **0**

62 Comment: LAW STUDENT AT CWRU;

SUBJECTIVE: David is not feeling well yet. He has continued coughing and having fever despite of Doxycycline. No expectoration. Does not feel bad otherwise. The CEC showed a slight leukocytosis. The CXR on **6-27-95** was read as negative by Dr. Hafiz.

OBJECTIVE: Wt: **164#** Ht: **6'** BP: **126/74** Pulse: **120,** reg. Temp: **99.2°F**

General:	Coughing and clearing his throat all the time. Does not appear ill.
Head & Neck:	No nodes.
Eyes:	N.
ENT & Muc Mem:	N.
Chest & Lungs:	Clear to P & A.
Heart:	Sinus tachycardia. No gallops or murmurs. There is a systolic click.
Breasts:	N.
Abdomen & Hern:	N.
Genitalia:	N/E.
Rectum:	N/E.
Back:	N.
Extremities:	N.
Skin & Lymph:	N.
Neurological:	N.
LAB, ECG, (etc.):	None.

ASSESSMENT: 1. Laryngitis.
2.
3.
4.
5.
6.

Next Office Visit: None made.

PLANS: 1. Throat C & S today.
2. To see Dr. Adornato.
3. Call Dr. Adornato.
4. Refer to Dr. Cropp if nothing found by Dr. Adornato.
5.

Signature _____

PLAINTIFF'S EXHIBIT

RE: DAVID GONDA

COPY

Sam G. Adornato, M.D.
7227 Glenwood Avenue
Youngstown, Ohio 44512

July 13, 1995

Dear Dr. Adornato,

David Gonda was recently in the office on 7/13/95. As you know, he is a 27 year old gentleman who has had a cough for the last six to seven weeks. He clears his throat alot. The cough is usually dry. When he does bring up mucous, this appears to be more saliva. It does not have a foul taste or smell. There is no chest pain. There is no heartburn or gastric reflux type symptoms. The patient denies wheezing. He says it's actually better when he lies down at night but he still does cough. He has taken Triaminic and Humibid, neither did much good. There is no family history of lung disease. There is no personal history of lung problems. He has been on several antibiotics including Doxycycline, which he is now on his second course. He was somewhat better on the first course but he only took it for seven days. He denies other medical problems. There is no history of smoking or night sweats. There is no sinus headache or post nasal drainage. His father does smoke at home. No cats live in their home. A chest radiograph is reported to be clear. He claims that the situation started with an upper respiratory infection.

On physical examination, David is well developed and nourished gentleman in no acute distress. Respiratory rate is 32 beats per minute. Temperature is 102°F. Nose and throat examination are grossly unremarkable. Neck is supple without thyromegaly or lymphadenopathy. Chest has symmetrical expansion. Lungs are clear. There is no wheeze with forced exhalation. Cardiovascular examination is normal. Abdomen is non-tender. Extremities show no signs of clubbing, cyanosis, or edema.

PLAINTIFF'S EXHIBIT

Pulmonary Medicine Consultants

925 Trailwood Dr. ■ P.O. Box 3297 ■ Youngstown, Ohio 44513
(216) 758-7575 ■ (800) 282-5864 ■ Fax (216) 758-1833

Alan J. Cropp. M.D., F.C.C.P.
Robert DeMarco, M.D., F.C.C.P.

RE: DAVID GONDA

Juan Ruiz, M.D.
725 Boardman-Canfield Rd.
Youngstown, Ohio 44512

August 9, 1995

Dear Dr. Ruiz,

David Gonda was in the office on 8/8/95. At this time, he is doing somewhat better. The Deconsal is helping significantly in that his nasal congestion cleared and his cough has nearly vanished, David states that his fever is essentially gone.

However, on today's examination his temperature was 101.5 degrees F. Heart rate was 132. Respiratory rate was 26. Examination was normal as usual.

We had a long discussion about different diagnostic possibilities including Hodgkin's Disease. It was suggested that we should pursue a CAT scan of the chest and abdomen to see if any lymphadenopathy exist. If present, obviously this will need to be investigated further. If not, we will keep close tabs on his fever and will discuss the situation further,

Again it was a pleasure seeing David Gonda. If there are any questions, please contact me.

Sincerely,

Alan J. Cropp, M.D., FCCP

AJC/cm

August 9, 1995 (11:38am)C:\WPDOCS\AJC\CR\GONDA3 P.1/1

PLAINTIFF'S EXHIBIT

Pulmonary **Medicine Consultants**

925 Trailwood Dr. ■P.O. **Box** 3297 ■Youngstown, Ohio 44513
(216) 758-7575 ■(800) 282-5864 ■ **Fax** (216) 758-1833

Alan J. **Cropp.** M.D., F.C.C.P.
Robert DeMarco. M.D., F.C.C.P.

RE: DAVID GONDA

Juan Ruiz, M.D.
725 Boardman-Canfield Road
Youngstown, Ohio 44512

July 26, 1995

Dear Dr. Ruiz,

David Gonda was in the office on 7/25/95. At this time, he is feeling better but is still not normal. He does have some sinus drainage which persists. This is no better than previously. He clears his throat and coughs significantly. He denies wheezing. He does note that his fever will go up about three times daily, **4** p.m., *8* p.m. or midnight. It comes back down without treatment. The patient denies any tuberculosis exposure or any risk factors for aids. He notes that the cough and sinus condition are better when lying down.

On physical examination, his vital signs are stable, Lungs are clear. Extremities show no edema.

Mr. Gonda seems to be only marginally better at this time. Based on this, the patient was asked to discontinue his Tessalon Perles and Vanceril. He was asked to use Deconsal II which is a decongestant/antitussive medication as you know. Also, for completeness sake a PPD was placed. The patient was asked to return to the office in approximately two weeks. If we have still not made any progress on his cough, it is likely that we will proceed with fiberoptic bronchoscopy at that time.

Again it was a pleasure seeing David Gonda. If there are any questions, please contact me.

Sincerely,

Alan J. Cropp, M.D.\cm

Alan J. Cropp, M.D., FCCP
AJC/cm

July 26, 1995 (1:43pm)C:\WPDOCS\AJC\CR\GONDA2 P.1/1

DAVID B. MALIK CO., L.P.A.
ATTORNEY AT LAW
1140 LEADER BUILDING
CLEVELAND, OHIO 44114

(216) 696-2650

Todd

729-8260

AUTHORITY TO RELEASE **MEDICAL** AND/OR **KOSPITAL RECORDS**

In Re PATIENT: DAVID GONDA D.O.B. 9/2/67 278-76-890

ADDRESS : Clave. 1144 Tampa 458 Euclid Clave Youngstown

Date of Admission on or about:

1967 - 1995

You are hereby **authorized and directed** to permit *my* attorney, **David Bradley** Malik, to **examine**, photostat **and copy** any **and all** reports **and** racords pertaining to **my treatment rendered** at **your** hospital **on the above date(s).**

Date 11-13-95 X Dorothy A. Gonda
Patient

TO: DR. RUIZ ATTENTION DEPT

Please furnish the undersigned with a copy of the records indicated below for which we will reimburse *you* at your usual charge:

- ✓ COMPLETE **HOSPITAL** CHART **(INCLUDING** NURSES **NOTES)**
- _____ COMPLETE: HOSPITAL CHART **(EXCLUDING** NURSES NOTES)
- _____ EMERGENCY **ROOM** RECORD **ONLY**
- _____ DISCHARGE SUMMARY **ONLY**
- ✓ ITEMIZED PATIENT BILL **FOR** SERVICES
- _____ **OTHER :** ALL X-RAYS, LAB TESTS, EKG'S, EC HO'S, ALL DIAGNOSTIC TESTS, VIDEOS, STRIPS...

PLAINTIFF'S EXHIBIT

NAME
GONDA DAVID

21.0 M

JUAN A. RUIZ, M.D.

SPECIMEN I.D. NUMBER
0239636

COLLECTION DATE: 05/12/89
COLLECTION TIME: 09:00
CLIENT I.D. NUMBER: 00000
LOCATION:
CLIENT LAB NO.:

ACCESSION NO.: 239636

RECEIVED: 05/12/89
REPORTED: 05/13/89

TEST	RESULT NORMAL	RESULT ABNORMAL	REFERENCE RANGE		UNITS
SMAC22/CBCD/URIN.					
PROTEIN (SERUM)	7.0		6.0.	8.3	MG/DL
ALBUMIN (SERUM)	4.9		3.5	5.4	GM/DL
BILIRUBIN TOTAL	.6		0.1	1.3	MG/DL
ALK. PHOS. (SERUM)	80		20	102	IU/L
AST (SGOT)	21		10	40	IU/L
ALT (SGPT)	20		5	40	IU/L
LDH (SERUM)	133		90	255	IU/L
CHOLESTEROL TOTAL	164		150	300	MG/DL
	CHOLESTEROL LEVEL FOR OPTIMAL ADULT HEALTH IS (200 MG/DL				
TRIGLYCERIDES		254H	10	175	MG/DL
GLUCOSE (SERUM)	77		65	120	MG/DL
BLOOD UREA NITROGEN	17		8	25	MG/DL
CREATININE (SERUM)	.9		0.5	1.4	MG/DL
URIC ACID (SERUM)	7.2		3.3	9.0	MG/DL
CALCIUM (SERUM)	9.9		8.5	10.8	MG/DL
PHOSPHORUS (SERUM)	4.3		2.3	4.5	MG/DL
SODIUM	143		137	148	MEQ/L
POTASSIUM	4.2		3.4	5.1	MEQ/L
CHLORIDE	100		95	110	MEQ/L
GQT (SERUM)	7		0	60	IU/L
IRON (SERUM)	105.0		45	210	MCG/DL
GLOBULIN	a.1		1.0	4.5	GM/DL
ALBUMIN/GLOBULIN RT.	2.3				
BUN/CREATINE RATIO	18.9				
WBC TOTAL	5.08		3.8	tu. 1	1000/CU MM
ERYTHROCYTE COUNT	5.32		4.60	6.20	MILLION/CUM
HEMOGLOBIN	15.8		13.5	18.0	GM/DL
HEMATOCRIT	46.0		40.0	34.0	%
MCV	86.5		80	100	CU MICRONS
MCH	29.7		27.0	33.0	PICUGRAMS
MCHC	34.4		32.0	36.0	%
PLATELETS	192		140	440	1000/CU MM
RED CELL DIST. WIDTH	11.8		11.5	14.5	%
HEMOGLOBIN D. WIDTH	a.35		2.2	3.2	GM/DL
MEAN PLT. VOLUME	9.0		7.2'	11.1	FL
MANUAL PLT. ESTIMATE	ADQ				
BASOPHILS	1.0		0	1.5	%
EOSINOPHILS	1.9		0	6	%

--- DIRECTORS ---
Patrick K. Jaynes Ph.D.
John C. York II, M.D.

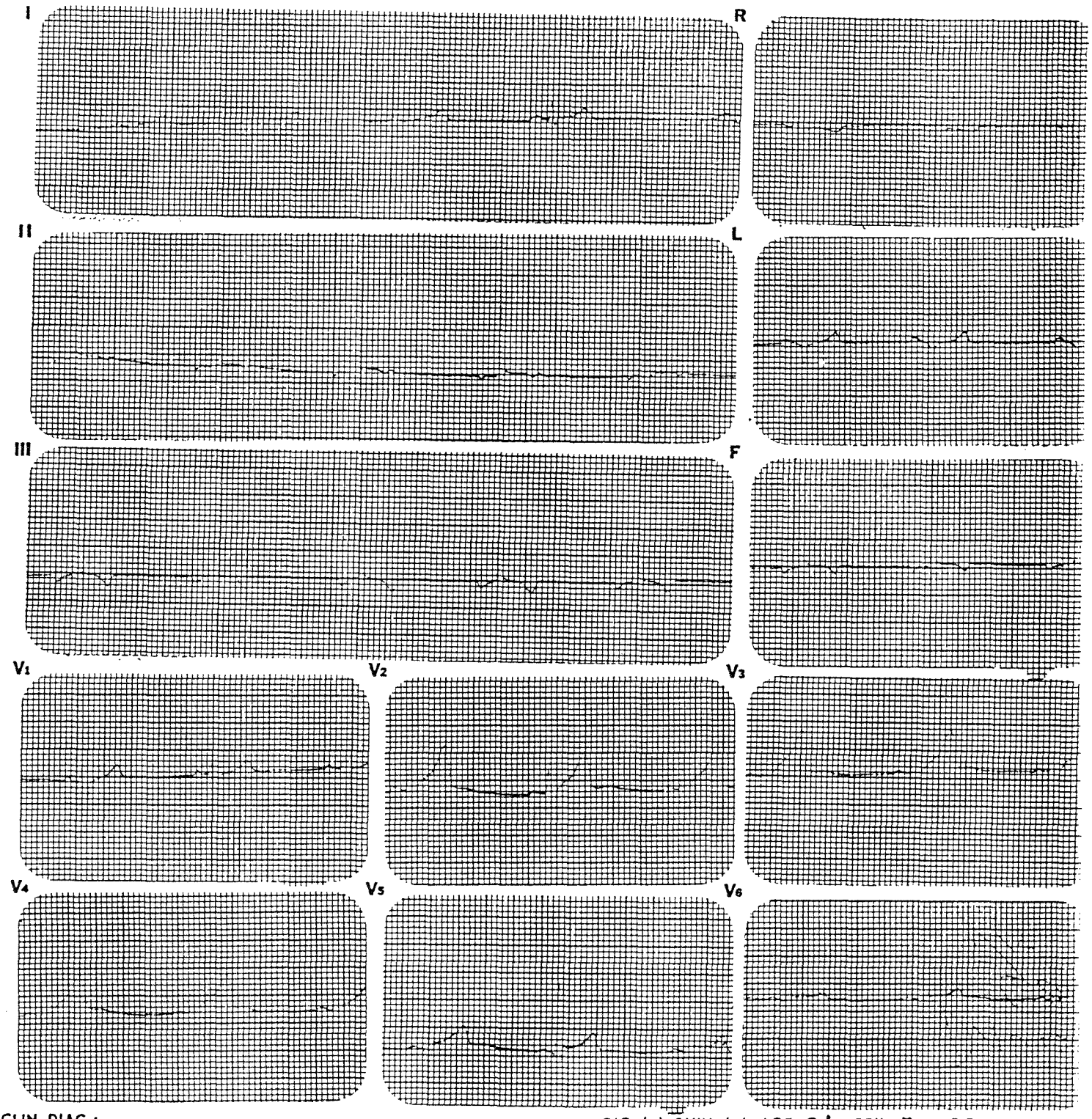
--- PATHOLOGIST ---
Arlington G. Kuklinca M.D.

DeYor Laboratories
DeYor Laboratories Inc.
P.O. Box 3949
7655 Market Street, Suite 500
Youngstown, Ohio 44512
(216) 758-5788

JUAN A. RUIZ, M.D.
SOUTH BRIDGE EXECUTIVE PARK
725 BOARDMAN-CANFIELD ROAD
YOUNQSTOWN OH 44512

PLAINTIFF'S EXHIBIT

MEDICAL PRODUCTS DIVISION 3M CO.
CATALOG NO. 2441



CLIN. DIAG.: asymptomatic- Pre-employment

DIG. ( ) QUIN. ( ) AGE 21 SEX M B.P.

ECG DESCRIPIION:

ECG REQUEST BY

ATR. RATE 56-58 VENTR. RATE 58-58

INTERVALS: P-R 0.13" QRS .08" QTc

AXIS: +55° ∠T = -30°

RHYTHM: low atrial rhythm

INTERPRETATION: low atrial rhythm - Early repolarization. wide QRS-T angle

PATIENT: David Gonda

PLAINTIFF'S EXHIBIT
TABBIES

INTERPRETED BY Susan A. Ruzzo

DATE: /

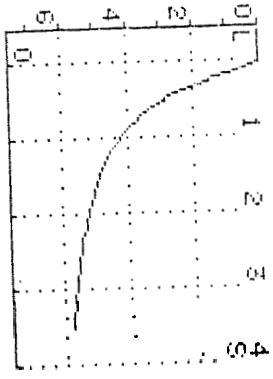
AUTOSPIRO-SDS.

DATE	MAY. 15
IDNO.	1989
AGE	21
SEX	MALE
HEIGHT	72 in.
ADJUST	100 %

** FVC **

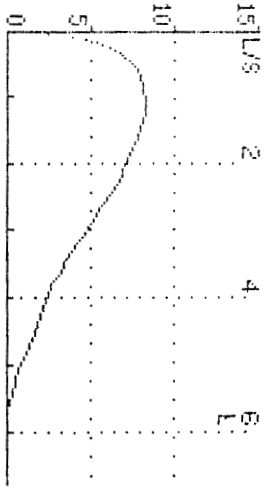
FVC	5780	ML
PRED.	5890	ML
%PRED.	98.13	%
FEV1.0	4360	ML
PRED.	4690	ML
%PRED.	92.96	%
FEV1%	75.43	%
PRED.	79.63	%
%PRED.	94.72	%

** T-V **



** FEF **

PEFR	08.15	L/S
PRED.	10.09	L/S
%PRED.	80.77	%
FEF25%	07.84	L/S
PRED.	08.79	L/S
%PRED.	89.19	%
FEF50%	04.83	L/S
PRED.	06.45	L/S
%PRED.	74.88	%
FEF75%	01.78	L/S
PRED.	03.72	L/S
%PRED.	47.84	%
25-75	03.95	L/S
PRED.	04.95	L/S
%PRED.	79.79	%



INTERPRETATION

(MILD OBSTR)

151 E Market Warren ----393-7450
MD
ology
----------758-0851

I MD
[illegible]
[illegible]
Av----------747-8611
a Ave----------726-4500
Call Med Dntl Bur----742-7841

S KENNETH MD
merican Board
d Neurology
et Warren ----------393-5564

MD INC
AR, NOSE & THROAT
DOSCOPIC FUNCTIONAL
SINUS SURGERY
HEAD & NECK SURGERY
BOARD CERTIFIED
vard Square
St----------758-0591
all Med Dntl Bur----------742-7756

LARE MD
n-Warren Rd----------538-0231
M G MD
gy & Oncology
ill Av----------744-5558
ASE MANAGEMENT BY
NS 2340 Belmont Av----------747-0047

OCS OF CLEVELAND INC
vrence J. Singerman, M.D.
Thomas A. Rice, M.D.
Michael A. Novak, M.D.
Hernando Zegarra, M.D.
Z. Nicholas Zakov, M.D.
John H. Niffenegger, M.D.
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ACULAR DEGENERATION
STOWN OFFICE-
elmont Av----------759-8777
Cedar Rd Beachwood ----216 831-5700
Detroit Av Lakewood----216 221-2878
d Oak Blvd Berea----216 234-8585
Exchange St Akron----996-5800

TOLOGY ASSOCIATES INC
[illegible] Hill Av----------747-4240
[illegible] Call Med Dntl Bur----747-7754

S RONALD A MD FACS
al Surgery & Endoscopy
Certified
Indiana Ct----------629-2132
TI ROBERT R MD
ce Limited To Urology
armalee Av----------744-2272

DI SANTUCCIO MD
[illegible]
NERAL & INTERNAL MEDICINE
Parmalee Ave----------747-8611
5 California Av----------726-4500
Answer Call Med Dntl Bur----742-7841

HOMAS A MD
RETINA ASSOCIATES
OF CLEVELAND INC.
ngstown Office
11 Belmont Av----------759-8777

DAVID & OSBORNE JAY MD'S

ROTHENBERG RALPH J MD A
Practice Limited To Arthritis
And Rheumatic Diseases
Board Certified-Rheumatology
345 Oak Hill Av----------740-4240
If No Ans Call Med Dntl Bur----747-7856

ROTHSCHILD BRUCE M MD FACR B
Director Of Arthritis Center
Of Northeast Ohio
5500 Market St----------783-5900

RUBIN JEFFREY MD C
Practice Limited To Vascular Surgery
Northside Medical Center
500 Gypsy Ln----------740-3489

RUIZ JUAN A MD D
Internal Medicine &
Cardiovascular Diseases
Office Hours By Appointment
South Bridge Executive Park
725 Boardman-Canfield Rd----------758-7571 E
If No Ans Call Med Dntl Bur----------742-7794

SAADI ELIAS T MD
Cardiovascular Diseases
Ohio Heart Institute F
1001 Belmont Av----------747-6446
After Hours Call Med Dental Bur----742-7711

ST JULIEN J S MD G
Board Certified
Obstetrics & Gynecology
510 Gypsy Ln----------744-2127 H

SAKKAL SAAD MD
Endocrinology, Metabolism & Geriatrics
3000 Belmont Av Youngstown ---800 577-7197 I

SALCEDO STEPHEN L MD
Skin Diseases & Surgery-Skin Pathology
755 Boardman-Canfield Rd----------758-7084

SALEM ANESTHESIA ASSOCS INC J
Wm R Rousseau M.D.
Robt S Bokondy D.O.
Gerald A Matteucci M.D.
2070 E State St Salem----------337-6208 K

SANCHEZ-PARODI MILTON MD
Poland Primarycare
1975 E Western Reserve Rd----------757-8900

SARAC ERDAL MD L
Nephrology & Hypertension
3622 Belmont Av----------759-0059

SARANTOPOULOS COSTAS MD
Board Cert. Orthopedic Surgeon
IME-Independent Medical Evaluation M
333 Park----------746-8895

SAUNDERS MARC S MD N
GENERAL SURGERY
COLONOSCOPY & GASTROSCOPY
BOARD CERTIFIED
OFFICE HOURS BY APPOINTMENT
960 Windham Ct----------726-7997 O
If No Ans Call Med / Dent Bur----742-7663

SCAVINA MICHAEL L MD
Heart Center Of Northeastern Ohio Q
7655 Market St----------758-7703

SCHAFFER ROBERT I MD R
Specializing In
DISEASES OF THE
EAR, NOSE & THROAT
HEAD & NECK SURGERY
PHONE ANSWERED
24 HOURS S
Board Certified T
U
V

wing information.

Today's date 5/26/88 File no.

Name David P. Gonda ✓Male ___Female ___Race Date of birth 9/2/67

Address 4585 Euclid Blvd. ___Married ___Separated ___Divorced ___Widowed ✓Single

Youngstown, Ohio 44512 (Zip Code) Education 8 years Elementary 4 years High School

Telephone 788-1961 (Home number) — (Work number) 2 years College, Business, etc.

Social Security or Medicare No. 278-76-0991 Occupation College Student

FAMILY HISTORY: For each member of your family, follow the

	Good health	Poor health	Deceased → Write in age and cause of death. Include fatal accidents and suicides.	Allergies or asthma	Anemia	Blood clotting problems	Diabetes	Cancer or tumor	Epilepsy	Glaucoma	Genetic disease	Alcoholism	Kidney or bladder trouble	Stomach/duodenal ulcer	Nervous breakdown	Rheumatism or arthritis	High blood pressure	Heart trouble	Gout
Father: Paul	✓			✓									✓						
Mother: Dorothy	✓																		
Brothers/Sisters:																			
Cynthia	✓																		
Ronald	✓																		
Spouse:																			
Child:																			
Child:																			
Child:																			
Child:																			
Paternal relatives (in each box, write how many affected with) →													2				3	2	
Maternal relatives (in each box, write how many affected with) →								4									1		
→ **Begin YOUR HEALTH HISTORY here. Have you had:** →																			

Additional Illnesses or Problems: Mark an X in the box next to any of the following that you have now or have ever had.

☐ eye infections	☐ pneumonia	☐ neuralgia or neuritis	☐ scarlet fever	☐ mononucleosis
☐ thyroid disease	☐ pancreatitis	☒ tension/anxiety	☐ measles	☐ venereal disease
☐ eczema	☐ liver disease	☐ depression	☐ mumps	☐ yellow jaundice
☐ hives or rashes	☐ diverticulosis	☐ childhood hyperactivity	☐ polio	
☐ bronchitis	☐ hernia	☒ chicken pox	☐ rheumatic fever	☐ _____
☐ emphysema	☐ hemorrhoids	☐ German measles	☐ malaria	☐ _____

Have you ever been turned down for life insurance, military service or employment because of health problems? . . . . ___Yes ✓No

Major Hospitalizations: If you have ever been hospitalized for any major medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than four such hospitalizations. (Do not include normal pregnancies)

	Year	Operation or Illness	Name of Hospital	City and State
1st Hospitalization	86	T & A	St. E's	
2nd Hospitalization				
3rd Hospitalization				
4th Hospitalization				

Testa and Immunizations: Mark an X next to those that you have had. Enter the year when you last were given the tests or "shots."

Year		Year	
☐ 19___	chest x-ray	☐ 19___	mammogram
☐ 19___	kidney x-ray	☒	tetanus "shots"
☐ 19___	G.I. series	19 87	polio series
☐ 19___	colon x-ray	☐ 19 84	typhoid "shots"
☐ 19___	gallbladderx-ray	☐ 19___	flu injections
☐ 19___	electrocardiogram	☒ 19 73	mumps "shots"
☒ 19 87	TB test	☒ 19 68	measles "shots"
☐ 19___	sigmoidoscopy	☒ 19 70	Rubella

Medicines: Mark an X in the box next to any medicines that you are now taking, or that you are sensitive or allergic to.

taking	allergic to:		taking	allergic to:	
☐	☐	antibiotics	☐	☐	aspirin
☐	☐	penicillin	☐	☐	diet pills
☐	☐	sulfa	☐	☐	antacids
☐	☐	opiates/codeine	☐	☐	laxatives
☐	☐	diuretics/water pills	☐	☐	cold tablets
☐	☐	sedatives	☐	☐	_____
☐	☐	stimulants/caffeine	☐	☐	None
☐	☐	Demerol			
☐	☐	blood pressure medicine	☐	☐	_____

Your Signature David Paul Gonda 5/26/88

CONTINUE TO NEXT PAGE

Name David P. Jones Date — / / Patient no. _____

Doctor's notes _____

HEAD and NECK

92. X frequent headaches throbbing L temple
93. ___ neck pains
94. ___ neck lumps or swelling

EYES

95. ___ wears glasses
96. X blurry vision ✓
97. ___ eyesight worsening
98. ___ sees double
99. X sees halo ✓
00. ___ eye pains or itching
01. ___ watering eyes
02. ___ eye trouble

EARS

03. ___ hearing difficulties ? vibration dist ear, at T use
04. ___ earaches
05. ___ running ears
06. ___ buzzing in ears
07. X motion sickness ✓

MOUTH

08. ___ dental problems
09. ___ swellings on gums or jaws
10. ___ sore tongue
11. ___ taste changes

NOSE and THROAT

12. ___ congested nose
13. X running nose
14. ___ sneezing spells
15. ___ headcolds
16. ___ nose bleeds
17. ___ sore throat
18. ___ enlarged tonsils
19. ___ hoarse voice

RESPIRATORY

20. ___ wheezes or gasps
21. ___ coughing spells
22. ___ coughs up phlegm
23. ___ coughed up blood
24. ___ chest colds
25. ___ more sweating, night sweats

CARDIOVASCULAR

26. ___ high blood pressure
27. X racing heart ✓ ? only at rest now i exercise ? skip rather than Tach
28. ___ chest pains
29. ___ dizzy spells
30. ___ shortness of breath
31. ___ shortness of breath at night
32. ___ more pillows to breathe
33. ___ swollen feet or ankles
34. ___ leg cramps
35. ___ heart murmur

5/26/88

DIGESTIVE

heartburn ___ 49.
bloated stomach ___ 50.
belching ___ 51.
stomach pains ___ 52.
nausea ___ 53.
vomited blood ___ 54.
difficulty swallowing ___ 55.
constipation ___ 56.
loose bowels ___ 57.
black stools X 58. ? at times ? blood streak
grey stools ___ 59.
pain in rectum ___ 60.
rectal bleeding ✓ 61.

URINARY

nightfrequency ___ 62.
day frequency ___ 63.
wets pants or bed ___ 64.
burning on urination ___ 65.
brown, black or bloody urine ___ 66.
difficulty starting urine ___ 67.
urgency ___ 68.

MALE GENITAL

weak urine stream ___ 69.
prostate trouble ___ 70.
burning or discharge ___ 71.
lumps on testicles ___ 72.
painful testicles ___ 73.

FEMALE GENITAL

last menstrual period / / 74.
post-menopausal or hysterectomy ___ 75.
noticed vaginal bleeding ___ 76.

abnormal LMP ___ 77.
heavy bleeding during periods ___ 78.
bleeding between periods ___ 79.
bleeding after intercourse ___ 80.
recent vaginal itching/discharge ___ 81.
no monthly breast exam ___ 82.
lump or pain in breasts ___ 83.
complications with birth control ___ 84.
last Pap test / 85.

OBSTETRIC HISTORY

gravida ___ 86.
para ___ 87.
pre-term ___ 88.
miscarriages ___ 89.
still births ___ 90.
has had an abortion ___ 91.

Caffeine

MUSCULOSKELETAL

1. X aching muscles or joints
2. ___ swollen joints
3. X back or shoulder pains Shoulder
4. ___ painful feet
5. ___ handicapped

SKIN

6. ___ skin problems
7. ___ itching or burning skin
8. ___ bleeds easily
9. ___ bruises easily

NEUROLOGICAL

10. ___ faintness
11. ___ numbness
12. ___ convulsions
13. ___ change in handwriting
14. X trembles

MOOD

15. ___ nervous with strangers
16. X difficulty in making decisions
17. ___ lack of concentration or memory
18. X lonely or depressed
19. ___ cries often
20. ___ hopelessoutlook
21. ___ difficulty relaxing
22. X worries a lot
23. ___ frightening dreams or thoughts
24. X shy or sensitive
25. X dislikes criticism
26. ___ loses temper
27. ___ annoyed by little things
28. ___ work or family problems
29. ___ sexual difficulties
30. ___ considered suicide
31. ___ desired psychiatric help

GENERAL

32. ___ gained/lost more than 10 pounds
33. X tends to be too hot or cold
34. ___ loss of interest in eating
35. X always hungry ✓
36. ___ more thirsty lately
37. ___ armpits or groin swelling
38. ___ exhausted or fatigued
39. ___ sleeping difficulties
40. ___ exercises less than 3 times per week
41. ___ cigarettes ___ cigars/pipes X don't smoke
42. ___ two or more alcoholic drinks per day
43. ___ over 6 cups of coffee/tea per day
44. X uses sleeping pills, marijuana, tranquilizers
45. ___ has used hard drugs
46. ___ drives vehicle over 25,000 miles per year
47. X never ___ sometimes ___ always wears seat belts
48. NONE _____ visited in the last 6 months

Special problems or symptoms: _____

Patient's Signature: David Paul Jones

DATE

SUBJECTIVE – OBJECTIVE – ASSESSMENT – PLAN

Date of message	Time of message	for Dr.	Physician's orders/Followup action
1/1	10 : AM PM		I called

Caller: DOROTHY MOTHER | Relation to pt. | Pt. name: DAVID | Age

Message: MRS GONDA WANTS TO TALK TO YOU ABOUT PROBLEM C SONS HEART SOUNDS VERY CONCERNED

Caller's phone no.	Call back at: : AM PM	Pt Chart No.	Initials	Call back? Yes No	Chart slip? Yes No	Followup Completed : AM PM	Initials
388-1964				☐ ☐	☐ ☐	5 :	

Telephone Record
practice information system

Nagy-Baker Court Reporting, Inc.
26 Market Street, Suite 810
Youngstown, OH 44503
(330) 746-7479

March 31, 1998

Thomas J. Travers, Jr., Attorney at Law
Manchester, Bennett, Powers & Ullman
Atrium Level Two - The Commerce Building
Youngstown, OH 44503

Re: Gonda vs. Ruiz, et al

Dear Attorney Travers:

Please find enclosed a notary certificate to be attached to your transcript of the deposition of Dr. Juan Ruiz taken in the above case.

These pages may now be attached to your transcript.

Thank you for your time and consideration in this .matter.

Sincerely,

Lisa C. Baker

Enclosures

cc: All counsel

Nagy-Baker Court Reporting
810 Mahoning Bank Building
Youngstown, Ohio 44503

STATE OF OHIO)
) SS: CERTIFICATE
MAHONING COUNTY)

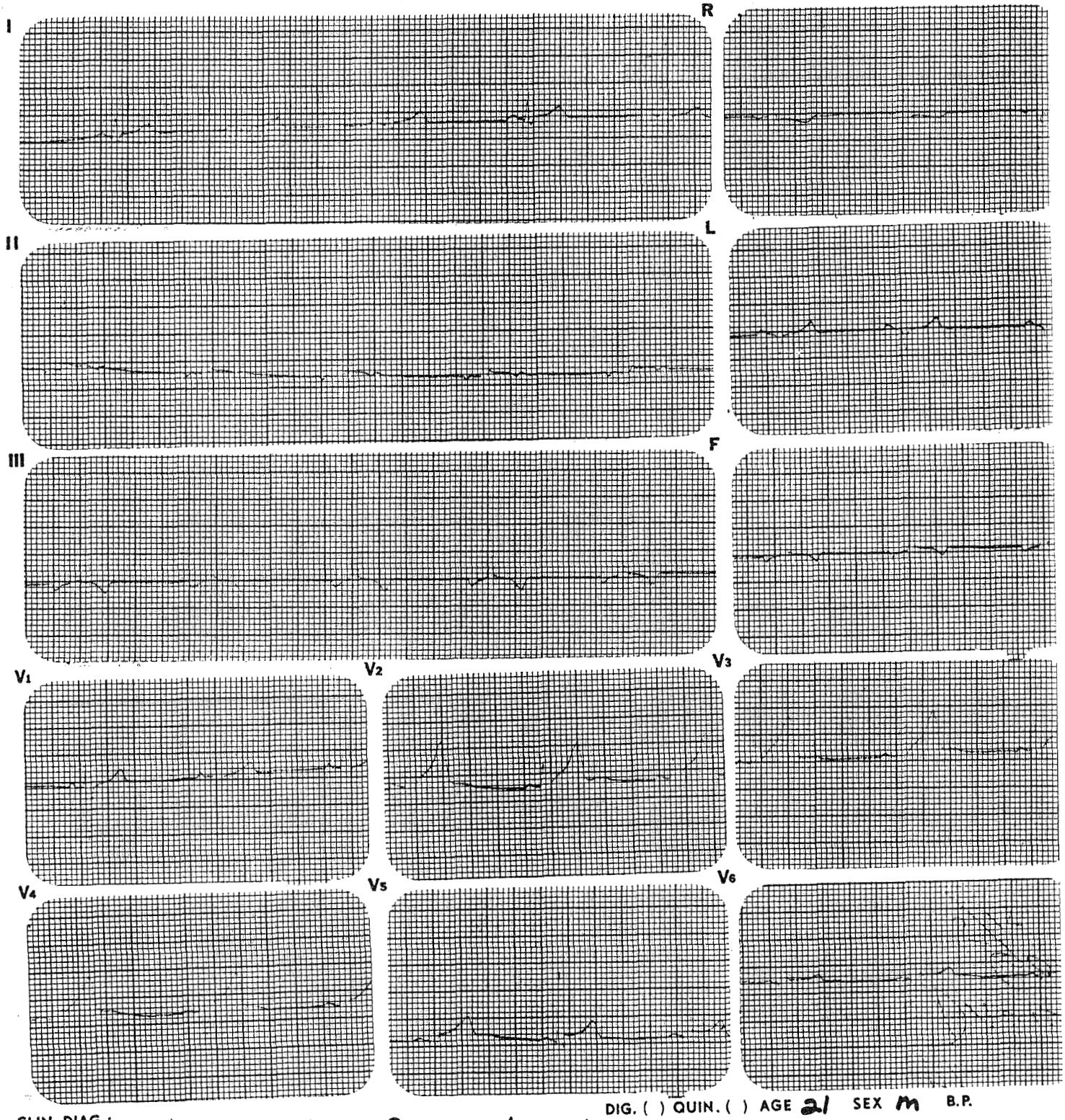
I, Lisa C. Nagy-Baker, Notary Public with the State and County aforesaid, duly commissioned and qualified, do hereby certify that the above-named, DR. JUAN RUIZ, was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth, and that the foregoing deposition was written by me in stenotype in the presence of the witness; that by the failure of the witness to read and sign his deposition within seven (7) days of its submission to him, signature was waived.

I do further certify that I am not of counsel, attorney or relative to either party, or otherwise interested in the event of this action or proceeding.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office at Youngstown, Ohio, this 31st Day of March, A.D., 1998.

Lisa C. Nagy-Baker, Notary Public
My Commission Expires 12/12/98

MEDICAL PRODUCTS DIVISION 3M CO.
CATALOG NO. 2441



CLIN. DIAG.: asymptomatic- Pre-employment

DIG. ( ) QUIN. ( ) AGE 21 SEX M B.P.

ECG DESCRIPTION:

ECG REQUEST BY

ATR. RATE 56-58 VENTR. RATE 58-58

INTERVALS: P-R 0.13" QRS .08" QTc

AXIS: +85° ΔT = -30°

RHYTHM: Low atrial rhythm

INTERPRETATION: Low atrial rhythm - Early repolarization. wide QRS-T angle

PATIENT: David Gonda

INTERPRETED BY Susan A. Rhyne MD

DATE: 5/15/80

INTERPRETATION

S. Tachycardia.
Increased septal forces. (weight lifter)
Remnant of juvenile T pattern vs. ischemic (doubt)

J. Ruiz 6/27/95

PATIENT Gonda, David NO.
DOCTOR J. Ruiz DATE 6-27-95 ECG. NO.
AGE 27 SEX M HGT. WGT. BP
DRUGS
RATE 120 PR 0.12"
QRS .08" QT 0.28" I II III RLF GAIN
AXIS +75° VI THRU V6 GAIN

CODE	-	--	---	---	---
LEAD GROUP	I	AVR	V1	V4	
	II	AVL	V2	V5	
	III	AVF	V3	V6