IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

KAITLIN STEVENS,
etc., et al.,

DOC. 434

Plaintiffs,

-vs-

JUDGE CALABRESE
CASE NO. 221097

HURIKADALE SUNDARESH, M.D.,
et al.,

Defendants.

- - - -

Deposition of HURIKADALE P. SUNDARESH, M.D., taken as if upon cross-examination before Dawn M. Fade, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Hurikadale Sundaresh, M.D., 1883 Torbenson Drive, Cleveland, Ohio, at 1:10 p.m. on Wednesday, March 25th, 1992, pursuant to notice and/or stipulations of counsel, on behalf of the Defendants in this cause.

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

APPEARANCES:

Charles Kampinski, Esq.
Christopher M. Mellino, Esq.
Charles Kampinski Co., L.P.A.
1530 Standard Building
1370 Ontario Street
Cleveland, Ohio 44113
(216) 781-4110,

On behalf of the Plaintiffs;

John V. Jackson, 11, Esq.
Steven J. Hupp, Esq.
Jacobson, Maynard, Tuschman & Kalur
1001 Lakeside Avenue, Suite 1600
Cleveland, Ohio 44114
(216) 736-8600,

On behalf of the Defendants
Hurikadale P. Sundaresh, M.D. and
Joanne C. Mortimer, M.D.;

Gary Goldwasser, Esq.
Reminger & Reminger
113 St. Clair Building
Cleveland, Ohio 44114
(216) 687-1311,

On behalf of the Defendant
Booth Memorial Hospital kna
MetroHealth Hospital for Women.

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

CROSS-EXAMINATION OF

HURIKADALE P. SUNDARESH, M.D.

BY MR. KAMPINSKI:

Q. Would you state your full name, please.

I. My name is Sundaresh, last name is Sundaresh, first name Hurikadale, H-u-r-i-k-a-d-a-1-e, my middle initial is P.

Q. Why don't you spell your last name for the court reporter, also.

I. S-u-n-d-a-r-e-s-h,

Q. All right, doctor. I'm going to ask you a number of questions this afternoon. If you don't understand any question I ask you, tell me, I'll be happy to rephrase it. If you answer my questions, you have to do so verbally. She's going to be taking down everything we say, she can't take down a nod of your head. Okay?

A. Okay.

Q. Great. I have just been handed your CV, doctor.

Is this CV up-to-date or are there additions that should be put on there?

A. As far as I know, yes.

Q. Okay. You went to school in India, which I take it is where you were born, correct?

A. Uh-huh.

Q. And you graduated from college in 1962?

A. Which college are you talking about, medical or --

Q. No. It says BS.

A. Bachelor of science, that's college, I graduated from bachelor of science, yes, '62.

Q. How many years did you go to the University of Mysore? Am I pronouncing that correctly?

A. Correct.

Q. How many years did you go there?

A. You are attributing to total, my undergraduate course and post graduate course, talking about medical and --

Q. Well, let's go slow. Is the educational system in India similar to the United States; in other words, primary school, high school, college, medical school?

A. Yes, right.

Q. Okay. Did you graduate from high school, then?

A. I graduated from high school.
Q. When was that?
A. Oh, high school, I took -- see, I graduated in -- I have to go back, because I can't recollect all those things *so* many years ago. '62 I had my Bachelor's degree. That is not necessarily for the medical school to go, that is an additional degree. You go back three years is the, four years, two years of college and two years of BS, so four years backwards, if you say high school, I graduated minus four years from '62, it puts me '57, '58 as a high school graduate.
Q. And where did you graduate from high school?
A. If I recollect correctly, that's a public school, it's called government.
Q. Can you spell that?
A. Government, it's a public school, Marimallappa, I have to spell it out to you, M-a-r-i-m-a-l-l-a-p-p-a High School.
Q. All right. And in what city would that be located?
A. Mysore.
Q. Mysore?
A. Right.
Q. All right. You then went to college also at

Mysore?
A. Correct.
Q. How big of a college is that, doctor?
A. It's one of the biggest university in the state of Mysore. You can compare to similar to Case Western.
Q. Okay. And how many students would you say are undergraduate students or were at the time you went, just roughly?
A. From my class, BS you mean?
Q. Okay. Fine.
A. About 60.
Q. 60 in your graduating class?
A. Right.
Q. And would there be 60 in each class, then?
A. You know, you are asking me a very difficult question to answer. I don't know for sure.
Q. Okay.
A. How can I -- I'm not. I know my class, but I can not tell the whole college. I would be a genius to know all those things. I don't know.
Q. All right. You then went to medical school also at Mysore, right?
A. Right.
Q. Is the medical school affiliated with the

University of Mysore?

A. Yes. It is affiliated not only University of Mysore, it's affiliated to England college, and it is recognized college, yes.

Q. When did you graduate from there?

A. It should be here. '68.

Q. Okay. So you went six years to medical school?

A. Yes.

Q. And how many were in your graduating class for medical school?

A. We joined first year medical school with a hundred -- if I remember, I'm talking about my class.

Q. Yes.

A. 120.

Q. Okay.

A. By the time we reached the final, there were only, if I recollect correctly, don't count on those things, may not be exact numbers, approximately, I think, about 48 to 50.

Q. Okay. Is that because some of them left, some of them dropped out, some of them flunked?

A. Yes. No drop outs there. If they join a professional school, nobody drops out, very rare. So out of 48, only we passed ten of them

in first attempt, I'm one of them.
Q. Passed what?
A Final medical school of 48 you asked me.
Q I see.
A Only ten.
Q So out of 120, only 48 finished and only ten passed the final test?
A Yes, first attempt.
Q This would be a final exam to get your medical license?
A No. To become graduated from medical school, then you have to go for internship.
Q I see.
A So I did two years, if you look at the internship there is rotating internship, University Hospitals, Mysore.
Q All right. You remained at the hospital for your internship?
A Yes, internship. That's one year additional to five years, six years of college and medical school.

Again, I did one year as senior house officer at the Victoria Hospital, which is also the same state, Mysore State.

Q Okay. All right. Then you taught, you went back

to Mysore and you taught pathology and microbiology?

A. To the medical students, yes, I was a lecturer for a year.

Q. Did you practice during that year's period of time or were your activities limited to teaching?

A. Just teaching, full-time faculty.

Q. Okay. Below that it says six months clinical pathology same as above, what does that mean?

A. Same, the year I was teaching, then I took more clinical associated with the patient, patient related. This was purely, one year was teaching medical students.

Q. Yes.

A. Then I went to clinical subject where the patients are admitted in the hospital, related, to be more specific, to examine the stool, the sputum, the blood, all related to the patient, but I was not directly related to seeing the patient, but I was helping, like a department of pathology, clinical pathology.

Q. Sure. Why is it that you did six months of pathology after teaching for a year?

A. I wanted to have all various exposure, because I was planning to come to United States to take the

exam. These things certainly help.

. I see.

. And also when you were senior manager, I did at Victoria Hospital to obtain a permanent license to practice in United Kingdom, which I got it. That was the reason it was necessary to do those things.

. I got you.

. I did it in order to obtain, so I can practice in England right now, UK, and I wanted to come to United States, that's the reason I took all these, to take the exam.

. All right. So your intent, then, throughout your medical education, was to leave India and to practice either in the United Kingdom or the United States?

A. My intent is to become a doctor.

. Yes.

.. Once I became a doctor, my ambition was there to pursue any further studies to higher and higher, so that's the reason I did all these things.

). Well, I mean, you became a doctor when you graduated from medical college at Mysore, right?

A. Right.

Q. And you have just told me that you did the one

year internship at Victoria Hospital because --

A. Senior internship.

Q. You didn't have to do that, but you wanted to practice in the United Kingdom?

A. To obtain a license so I have open thing, so I can practice any time 1 want to.

Q. Sure. And doing the pathology was to allow you to better be able to pass the United States test?

A. Yes. Somewhat it will help indirectly to prepare for the examination which we have to take before we come here.

Q. Okay. So, once again, my question is did you do these things, then, in order to practice either in the UK or the United States as opposed to any other reason?

MR. JACKSON: I'm going to object. He answered your question. Go ahead again.

A. I'll answer your question. It's not, these things are not specifically done to come here and learn. I have wide scope to practice in India, too, I have an option still to practice in India, to practice in UK, to practice in United States. I want to have, you know, when I am done, I want to do all these things I am ambitious to do.

Q. When was the last time you practiced in India?

A. Practiced in India, I have never practiced in India, I just trained there for senior housemanship, senior housemanship then I left.
Q. What is housemanship?
A. Housemanship is, you can call it as an internist or residency program. We call it houseman because you stay in the hospital 24 hours. That is, you know, they give you in-house, in the hospital to stay in a room. So you have to serve 24 hours for one year. That's the reason they call it houseman, housemanship. These terms are used in England, they use the same thing, housemanship. Here they used to call it rotating internship, here now they call it PL1, postgraduate level one and two now.
Q. When was the last time you practiced in the United Kingdom?
A. I never practiced in the United Kingdom.
Q. You came to the United States to do an internship in '72, is that correct?
A. Does it say here? 1972.
Q. Yes.
A. Right.
Q. What did you do between the time of your clinical pathology, whatever six months that was, and the

time you came to the United States?
A. I was studying for the exam.
Q. For which exam?
A. The board, the, to take the entrance examination.
Q. Okay. To the United States?
A. Yes.
Q. Okay.
A. My wife was already here before, so I joined her after three months. So there was a delay in obtaining the VISA, so during that time I was preparing for my exam.
Q. All right. Is your wife employed?
A. She is self-employed, yes.
Q. What does she do?
A. She practices OB/GYN.
Q. Her name?
A. Her name is same last name, first name is Shailaja, S-h-a-i-l-a-j-a.
Q. Okay. And she practices OB/GYN?
A. Yes.

Children's Hospital in Kentucky, Louisville.
Q. So you both got an internship at the same hospital, then?
A. Correct.
Q. Did she do her training in India at the same hospital as you did?
MR. JACKSON: Excuse me. Why is this at all relevant to this case?
MR. KAMPINSKI: I'm trying to get background.
MR. JACKSON: Social history, what does that have to do with his wife and training?
MR. KAMPINSKI: I don't know.
MR. JACKSON: I don't either, that's why I asked. Why don't you go into his CV and talk about the doctor.
MR. KAMPINSKI: I have been.
MR. JACKSON: Until now you have. Let's stick with this case, this doctor. Doctor, he will ask you another question.
A. That's fine, no problem.
MR. JACKSON: His wife's training has nothing to do with this case, if you can convince me otherwise I'll let him answer.

Q Have you ever been in practice with your wife?
A What do you mean in practice with my wife?
Q Have you ever been in medical practice with your wife?
A We have a corporation. We work together.
Q Currently?
A Yes.
Q And what is the corporation name?
A Torbenson Medical Associates, Inc.
Q And the location of that corporation is where?
A 1883, where we are sitting at now. 1883 Torbenson Drive, Cleveland, Ohio 44112.
Q You're changing your address, apparently in May. I noticed the sign outside.
A Yes. Because this hospital is closed.
Q How long have you had this corporation?
A If I recollect correctly, we started in '77, end of '77 or '78. I haven't opened the corporation book, it's in the file.
Q Did your wife ever see Kaitlin Stevens or Mrs. Stevens for any reason?
MR. JACKSON: You have to say yes or no.
A As far as my knowledge goes, I cannot speak for her. I don't know, but I don't think so. But --

what she does, that's her practice, so I cannot answer that question for you.

Q. All right. I just want to make sure I understand. You just told me that you are both employed by the same corporation, you and your wife?

A. Right. Yes.

Q. Would it be presumptuous of me to presume that the two of you own the corporation?

A. Right.

Q. And you don't know whether or not she saw Kaitlin Stevens or Mrs. Stevens?

A. Let me ask you one question.

MR. **JACKSON**: Excuse me.

A. I have about 4,000 patients or something. How can I know when she has so many patients. I don't know what patients she sees, I cannot keep track of them.

MR. **JACKSON**: You have answered his question.

A. Yes. I am just saying --

MR. **JACKSON**: Excuse me. You have answered.

A. I am just saying --

MR. **JACKSON**: Let him ask you

another question.

A. All right.

Q. You have 4,000 patients?

A. Approximately. I don't know. I have not counted. Two to four thousand, maybe. I'm just taking a number. But I have not counted, sit down and count.

Q. What is your specialty, doctor?

A. My specialty is pediatrics.

Q. And your wife's an OB/GYN?

A. Uh-huh.

Q. Are there other doctors who are employees of the corporation other than the two of you?

A. At the present time there are only two. If you go back, when we formed the corporation there were two OB/GYNs and including my wife and me, three doctors, and we added on another one, doctor, and there were a total of three OB/GYN and one pediatrician until '8 -- I don't really recollect, about three, four years ago, and we separated, the group separated because of differences, and one doctor went to Lake West -- Lakewood Hospital, another doctor is practicing right here in this building.

Q. Who were the other physicians?

A. Oh, one is Dr. Thaker.
Q. I'm sorry, can you spell that?
A. T-h-a-k-e-r. That's her last name.
Q. Okay.
A. She was with us for a period of ten years, 10 or 11 years.
Q. Okay.
A. From the formation, after one year we formed the corporation, yes.
Q. And the other physician?
A. The other physician, there are a few, one was Dr. Kodhar, K-o-d-h-a-r, she stayed with us for two years. I don't know the specific period, two years probably in early '80s. She stayed only two years and she moved to west side, and she is practicing on the west side. And then lately Dr. Mikol, Sharon Mikol was joined, and she left three years, she was with us for three to four years, she left us because she has to go on her own in Lakewood.
Q. All right. Were all three of these physicians OBs?
A. Uh-huh.
Q. That's a yes, doctor?
A. Yes.

Q. All right. So you remained the only pediatrician, then, within the corporation, right?
A. Right.
Q. When were you married, sir?
A. You want to know my marriage, also; want to know anything else?
MR. JACKSON: Just answer his question.
A. I don't know why personal matters, I don't understand.
MR. JACKSON: Just answer his question?
A. Don't ask me anything afterwards too personal in the relations. I don't like to answer those, I'll answer the marriage question. May 29th, 1969.
Q. Have you been sued before, doctor?
MR. JACKSON: Objection. Go ahead and answer.
A. I don't know. This is the first -- we had one, I think like this, I was not involved in it, there are so many other people involved. I don't know to answer with a yes or no. I don't know the answer to that. I don't think so.

MR. JACKSON: The answer is yes, that I'm aware of one case from which he was dismissed.

Q What were the, what was the name of the case?

A Which one are we talking about?

MR. JACKSON: The one where you were deposed, doctor. Do you remember the patient's name?

A I don't know the patient name. I can tell you what happened was I was not in town, the baby was born, I don't remember the name, but I can tell you what happened.

Q Okay.

A. I was not at all involved in this case, but all her kids are my patient. The last one was delivered and had jaundice developed, high bilirubin. Dr. Thaker took care it, the and transferred the baby to University, and the bilirubin was misread, the blood count was read 22 as opposed to 17 or 18, I don't recall the specific numbers, but I'm just saying generally.

Q Okay.

A They went and did an exchange transfusion, the baby got an arrest during the exchange transfusion while they were doing it. The count

was not 22, it was 17, so there was no need for exchange. The baby got an arrest and had some brain damage and sequelae, neurological sequelae. So they sued everybody all in one. I was not at all involved, so they came like this and they talked and they dismissed the case. That's the only thing.

Q. Who was the attorney that took your deposition, do you recall?

MR. KAMPINSKI: Do you remember, John?

MR. JACKSON: It was Mike Shane.

MR. KAMPINSKI: Shane. Do you remember the name of the case?

MR. JACKSON: I don't remember.

Q. You said you took care of all the lady's children. As we sit here today, you don't remember her last name?

A. I don't recollect. All the children are, I think this was the third or fourth child. I don't remember specific things what you are asking.

Q. How about your corporation, has your corporation been sued before?

A. No. Not that I know. You know, as far as I know, no.

Q. Are you president of the corporation?
A. Yes.
Q. So if there were, I mean, presumably you would know?
A. Yes.
Q. Is 1973, '74 when you did your residency in pediatrics at Mt. Sinai, the first time that you sought to specialize in pediatrics it says PL1, what does that stand for?
A. I just explained to you just earlier, now they changed, this is called postgraduate level one from pediatric.
Q. Okay. And then you did level two the next year at Cleveland Metro?
A. Uh-huh.
Q. Is there a reason you went from Mt. Sinai to Metro?
A. Because training program was much better at University.
Q. Have you tried to get a residency at anywhere other than Mt. Sinai when you got --
A. The reason I joined Mt. Sinai was my wife, and we joined together from Louisville, Kentucky, we wanted to join in the same hospital so that it would be easier to commute when we were in

internship, so we moved from Louisville. Mt. Sinai was a good hospital, you know, private hospital, we got in, both of us, for that, so we stayed. I rotated from Mt. Sinai to University, and during my rotation they liked me and I liked the hospital, I asked them if they can give me PL2, they gave me, with the permission of Mt. Sinai, residency program. So that's why I go to the University Hospitals.

Q. You mean University or Cleveland Metro?

A. Cleveland Metro at that time was a combined program. Babies and Childrens Hospital and Cleveland Metro Hospital, if you will look at this, they have given, it says Case Western Reserve, Cleveland Metro, University Rainbow Babies, it's a combined program, it's right there, PL1, PL2, PL3 it's a combined program. Even though it's paid by Metro, but the program was combined. So we were rotating from Babies and Childrens Hospital and both residencies, so it doesn't make any difference, only from the pay point of who pays the monies, I was getting paid by Metro.

Q. I see. Okay. You then were a senior instructor in '76/'77. What is a senior instructor?

A. Where is it? Okay --
Q. I'm sorry, pediatric assistant, I skipped that, what is a pediatric assistant?
A. The residents, PL3 was like the senior resident, and pediatric assistant is like a faculty position, outpatient, taking care of outpatients in the MetroHealth.
Q. I see. And that was your full-time employment, then, for that year?
A. Uh-huh.
Q. So you were employed by Cleveland Metro as, what, a staff physician taking care of outpatient children?
A. Correct.
Q. Did -- you hadn't set up your corporation yet, is that correct?
A. '78, I think.
Q. Okay. So the following year, then, you became a senior instructor at Case Western, and who did you train, residents, or medical students?
A. You know, when I was doing a pediatric assistant, my job is to take care of the patient and do research. I did two papers of research on that. It's not just a staff physician, that was a teaching position. I had to teach the resident,

take care of your patients and make rounds and do some papers. I did two papers during that year.

Q. What were your papers on?

A. One was research on cervical lymphadenitis in children, and it is published. And I have articles here, if you want, I can give you a copy. Another one was study on malaria.

Q. These are not on your CV, is that correct?

A. I think it is in publications, if you look.

Q. I see the 1980 one.

A. I did study, it takes time to publish, so you can see three publications. You can look in the publications, it's spelled out clearly.

Q. So is the malaria and adenitis one or is it the --

A. No. Lymphadenitis was during that period in Metro.

Q. Okay. And the cervical adenitis was before that?

A. No.

Q. Was also then?

A. The studies of cervical adenitis I did in Metro, but it was republished again. They liked it, the article was well-read and well-liked, and they asked the permission to reprint it in a different

journal. I said, okay. The same thing was reprinted.

Then I did another research, was malaria in children. That's published in American Family Physician in August of 1981.

Q. Okay. So during the year you were the assistant, you taught and you did research for these papers?

A. Yes.

Q. Okay. Then the next year you were a senior instructor. What did you do that year, doctor?

A. See, this is the promotion in, this is promotion in the Case Western, you become first pediatric assistant, senior instructor, and then assistant professor, associate professor, and professor. That's the way they go. It's a routine. I didn't ask for it. It comes when you were doing the work.

Q. All right. So you continued, then, to teach and kept getting promotions within the Case Western Reserve system?

A. As of today, also, correct, I have a position.

Q. As assistant clinical professor?

A. Right.

Q. Up until 1978 when you set up your corporation,

did you have or did you treat private patients? Did you have a practice, private practice?

A. You mean when I was a clinical, when I was doing -- very few, very few.

Q. All right. Did you start to see private patients once you set up your corporation?

A. Once I started the corporation, yes, before that, also, when I was in Metro, when I was a full-time faculty.

Q. Yes.

A. We are allowed to see some private patients on a consultation basis, not as a main. Important thing was teaching the residents and doing some research. They had given one day in a week, one day full to do research, another two days to teach, another day to see patients.

Q. Currently as an assistant clinical professor, when do you teach?

A. We have an option. It is not -- we have to attend faculty meetings every Thursday, it's not an option, you have to attend 50 percent of the meetings, and you have an option to teach once a year a month at bedside rounds in the hospital.

Q. Uh-huh. When is the last time you did that?

A. I do it whenever I admit the patient. I take

rounds for my patient with the residents when I admit a patient. I admit, in a month, three or four patients a month, approximately, two or three patients.

Q. Let me understand. I mean, is there a month that you set aside --

A. NO.

Q. Let me finish my question, doctor. Is there a month that you set aside out of the year where *you* actively teach residents or medical students at the hospital or in the classroom didactically?

A. That's an optional.

Q. Right. When is the last time you had that option?

A. Last time, let me look at it, I had a grand rounds -- specific question is so difficult to answer. Here it is. I did teach Wednesday, February 19 of 1992.

Q. Okay.

A. That's the last month, right?

Q. Yes. Can I see that, doctor?

A. Yes. I gave rounds to about 20 residents at the hospital on acute otitis media, middle ear infections. But these are all optionals. I do

teach whenever I admit a patient, they ask questions, I go on rounds with them. I teach them. But I can take, if I want to, once a year, that's optional, but I do, when I admit a patient I do teach them.

Q. Okay. This is at Meridia Huron Hospital?

A. Uh-huh. They are also affiliated, they asked me. I admit patients to --

MR. JACKSON: Let him ask the question.

Q. In looking at your CV, sir, you show senior instructor at Case Western Reserve University from '76 to '77, below that the next entry is assistant professor and it says same as above. I assume that means Case Western Reserve University?

A. Correct.

Q. Then from '79 to the present you have assistant clinical professor, and it says same as above. Once again, I assume that means Case Western Reserve University?

A. Correct.

Q. Let me try to make this question as specific and precise as I can, if you don't understand it, tell me, I will be happy to rephrase it. When

was the last time that you taught at Case Western Reserve University, or did you ever teach at Case Western Reserve University?

MR. JACKSON: You are talking about classroom?

A. No, I don't teach in the classroom. It's only clinical, if you look at it, it says clinical.

MR. JACKSON: That's the answer. Just let him ask another question.

Q. Case Western Reserve University is affiliated with University Hospitals?

A. Correct.

Q. Okay. Do you have admitting privileges to University Hospitals?

A. Yes.

Q. Okay. Do you teach at University Hospitals?

A. Clinical subject, yes.

Q. When was the last time you taught a clinical subject at University Hospitals?

A. As a clinical staff member with admitting privileges, we don't give lectures, when the resident takes care of our patients, and when we go rounds in the morning, we, they ask questions, help the patient, that's considered as the teaching.

Q. When is the last time you did that?
A. The last time I did that, I don't recollect. I admitted last week, I had a patient in the hospital, I went with the resident. They do, they take the history, physical, and we go over corrections, and other things we discuss, that's considered part of the training of the resident. That's the way I learned from my seniors.
Q. Do you get paid for that?
A. All this is not a paid job. At Case Western affiliation is just a non paid job.

MR. JACKSON: May I see that?

MR. KAMPINSKI: Yes. Why don't you mark that.

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(Thereupon, Plaintiffs' Sundaresh Exhibit 1 was mark'd for purposes of identification.)

- - - -

Q. Doctor, I have what has been marked Exhibit 1.
A. What does that mean?

MR. JACKSON: That's an exhibit number, that's all. Hold on, he is going to want a copy of that.

Q. That exhibit is what, sir, so we can identify it

for the record?

MR. JACKSON: Just tell him what the piece of paper is, doctor.

A. This is a piece of paper, it's a program for a weekly program at Huron Road Hospital. The doctors will give conference, weekly conference. I was scheduled to give a conference for an hour on Wednesday, February 19, 1992.

Q. Are you board certified?

A. Yes.

Q. When were you boarded?

A. Certified April 20th, 1979.

Q. And was that the first time you took the test?

A. Yes.

Q. And that's in pediatrics?

A. Right.

Q. Is that the first time you took both the oral and the written?

A. The oral we have to wait for 18 months to two years.

Q. Yes.

A. After, there's a waiting period, that's another reason why I was doing the teaching, so it would be easier to take the orals. So I took that in New Orleans.

Q. When was that?
A. I really don't know. Offhand, I can't tell you. But I took the oral -- without passing the oral they don't call it board certified, so if you have a certification, that means I have passed the oral, otherwise, they won't give you certificate. I don't know the exact date.
Q. Did you pass the oral the first time you took it?
A. Yes, I did. In fact -- well, when I, an hour before I finished in the required time. I passed the test.
Q. And the written also the first time?
A. No, second time.
Q. When did you take it the first time?
A. First time, about a year before. When I was in the training we took it, everybody was taking it. I took it when I was in PL1 or PL2, I don't remember. I took it.
Q. Where did you take it?
A. Here at Huron Hospital.
Q. Did you take the oral and written the same time or do you have to pass the written and then the oral?
A. First we have to pass the written and it was at least, minimum requirement at that time, I think

it was 18 months, you had to be practicing or do some research, that's the reason I didn't want to go for practice, research was easier from residency to go to just get enrolled in as a job.

Q. Sure.

A. So that's the reason I didn't, because I wanted to take my boards. That was a requirement, to have practicing or teaching for a year or 18 months. Then -- am I doing too much?

MR. JACKSON: He will ask questions.

A. Ask me CV and all those things, I get excited and tell him.

MR. JACKSON: You are trying to be helpful. If he needs information, he will ask.

MR. KANPINSKI: We were doing fine. He was answering my question, and why would you interrupt the doctor in the middle of his answer.

MR. JACKSON: You ask another question, I am giving you that opportunity.

MR. KAMPINSKI: You ought to give the doctor an opportunity to finish his answer.

MR. JACKSON: I thought he did very well.

Q. Were you done with the answer?

A. Yes, almost.

Q. Why don't you finish it?

A. That's what I had to say, you know, I'm repeating the same thing, one year, 18 months, the waiting period to take oral, I took it and passed it first time period.

Q. Okay. At what point in your training did you receive any training with respect to Down syndrome children?

A. There is no specific training as it regards to general training. They don't train for Down syndrome specifically.

Q. Is there any specialty training for children who are impaired by any specific types of diseases?

A. We rotate through clinics. We see all kinds, you know, you can imagine, this is a general pediatrics, it's not anything specialty, you take a general pediatrics; if you were interested, then you do subspecialty.

Q Okay.

A. So we just go through general pediatrics. We touch base with everything.

Q. So would it be fair to say you were a generalist in the field of pediatrics?
A. Yes, I am.
Q. And we're currently in your medical offices that are adjacent to Booth Hospital or the ex Booth Hospital. Is that who you were affiliated with while they were Booth Hospital?
A. One of the hospitals, yes.
Q. Is that where you did your primary practice, was at Booth, doctor?
A. No.
Q. No?
A. No. My office was located here. This was not the, you know -- one of the hospitals, yes.
Q. Well, of the two to 4,000 patients that you handled, when Booth was in fact in operation, if you had to admit somebody, would the majority of your patients be admitted at Booth?
A. None.
Q. Okay. Is that because it's a hospital where women give birth or was --
A. None. I didn't admit any at this hospital because only newborn babies I took care of there, because this is not a pediatric hospital. That's the reason I'm saying it's not a primary hospital

for me.

Q. I see. It would have been, though, for your wife and the other OBs, though, wouldn't it?

A. I guess so, yes.

Q. Okay. Did you receive the majority of referrals in your practice from your wife and the other OBs?

A. I can't answer that, because I have plenty of reference from other doctors. I go to Hillcrest Hospital, I go to Euclid, I go to MacDonald House, and this hospital, so -- I used to go to St. Luke's, too. And right now I cut down to three hospitals, I go to Euclid, Hillcrest, and University, those are the three major hospitals I go to. I used to go to Mt. Sinai, too.

Q. Okay. Since you are a general pediatrician, if you have a child who has some type of specific problem, I take it you refer them to a specialist, would that be a fair statement?

A. I certainly would think so.

Q. And would that include children who have Down syndrome?

A. If there is any problem, yes.

Q. All right. In 1989 were you aware of the fact that 30 to 50 percent of Down syndrome children

had heart defects?

A. I don't know the exact statistics. It changes from place to place. Ses, usually Down syndromes are associated with heart defects, yes.

Q. And are you aware that a certain percentage of those who do have heart defects have those defects without a murmur?

A. I can't be a hundred percent sure. I'm not specialized in that field to tell you.

Q. Okay. Knowing, though, however, that a large percentage of them do have heart defects, would you agree with me that the standard of care of a pediatrician treating a Down syndrome child would require either to do an EKG on that child within the first year of life or refer that patient to somebody who had more knowledge about Down syndrome children?

A. If -- that is not a standard of practice, because if the patient, even though it's a Down syndrome, you determine the Down syndrome by chromosomal studies, which I did chromosomal studies, and if the baby is asymptomatic there is no standard saying that it has to be done anything, nothing is done, that is the standard practice.

Q. So it's your testimony that despite knowing that

children can have heart defects, that it's not required of a pediatrician to do an EKG to determine if that particular child has the defect, is that your testimony, sir?

A. Say that again, please?

MR. KAMPINSKI: Yes, read it back.

MR. JACKSON: Why don't you read back his answer after you read back the question.

- - - -

(Thereupon, the requested portion of the record was read by the Notary.)

- - - -

Q. Can he answer the question?

MR. JACKSON: Your question is what? You changed the question you asked him before because **I** think --

MR. KAMPINSKI: **I** try not to reask questions.

MR. JACKSON: **I** want to be sure **I** am clear, because you were trying to paraphrase what he said. He didn't say it the way **I** think you tried to paraphrase it. Why don't you repeat it *so* we are not confused.

MR. KAMPINSKI: Why don't you read

it again, if you would, please.

- - - -

(Thereupon, the requested portion of the record was read by the Notary.)

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MR. JACKSON: I'll object. Go ahead.

A. In the child is a Down syndrome, and in the child is asymptomatic and doing very well, we do not do any tests. There is no standard.

Q. So that you would wait until there was some symptomatology before doing an EKG, is that your testimony?

A. You know, we will be checking the baby in follow ups, and if there is in a follow up any murmur heard, any problems, then we do test them.

Q. What problems other than murmurs would you wait for, doctor?

A. You know, it's very difficult to say particularly, it depends on individual cases, and we have to deal with individual cases. I cannot exactly tell you what would occur or anything like that.

Q. How many Down syndrome children had you taken care of prior to Kaitlin Stevens?

A. Not directly, I have diagnosed Down syndrome, but I have not taken care. As a resident, one patient I came across, and another one was born in the hospital, I examined and confirmed. That patient belonged to Dr. Khali, I sent him that patient back, and he followed that patient.

Q. Okay.

A. So I have not seen that many, no.

Q. So would Kaitlin, have been the only Down syndrome child that you have --

A. Cared €or?

Q. Yes.

A. I would say yes.

Q. You did obtain a consult at one point, didn't you, doctor, a rheumatology consult? Have you reviewed your record before my coming here today?

A. No, I have not. I haven't. Why, I'm supposed to?

Q. Well, I'm just surprised, I figured you were being deposed, you would take a look at them.

A. I don't know. I didn't look at it, to tell you Frank. Just, we pulled the chart when you came in.

MR. GOLDWASSER: John, before we

start, I don't have a copy of the doctor's records. Any time it's convenient.

MR. KAMPINSKI: I'm going to probably have them marked before we leave today and have a copy attached to the deposition.

MR. GOLDWASSER: Fine.

A. Rheumatology or endocrinology.

Q. Well, did you make any referrals for consults?

A. I did one time send her to, because of the, you know, the blood test suggested was Dr. Ruth P. Owens, pediatric endocrinologist. Routinely when we do the screening test on all babies born the metabolic test screening, one test came low, the thyroid, I reordered it, and it turned out to be okay.

Q. When was that, sir?

A. When was that; June '89.

Q. And why is it that you referred her for that?

A. See, because of the routine screening we do, the newborn screening, the test, four tests that we do on all babies, not only the Down syndrome, all babies are checked, that's the state law for four tests we do. One is screening of hypothyroid, homocystinuria, galactosemia, another one, these

four things we test on. Hypothyroid came low, so I wanted to confirm it, check it again, and it was confirmed, that's the reason.

Q. And what is it that requires you to do these tests? You said it is some law or --

A. It is a state law, because there are four inborn metabolic errors in children born, one is hypothyroid, homocystinuria, galactosemia, and another one I forgot.

Q. What state law?

A. In the State of Ohio, that requires all babies, United States, to be tested because it occurs one in 10,000, and it can be preventable disease, because these things can cause mental retardation in children.

Q. Okay. So even if there is a one in 10,000 chance that something can occur, and if it's preventable, the medical profession tests for those conditions, is that correct?

A. This is the, it's not pediatric care or anything, this is the standard in the State of Ohio, everybody, even King, what's his name, King Hussein who came from Saudi Arabia to Cleveland Clinic, he has to go through the same thing, the test, everybody has to get these tests. It's the

state law. Requirement, I don't think it's law, I think it's a requirement.

Q. Where is that set forth?

A. I don't have it. You should check the hospital. Hospital will not discharge the patient, that is routinely done, the newborn metabolic screening they won't discharge the patient unless it is done. It is not my order it is the hospital.

Q. Well, this was done, I thought you told me, because you sent her for a referral. Maybe I'm confused.

MR. JACKSON: You are.

MR. KANPINSKI: I'm sure I am.

MR. JACKSON: He said the referral was made because of the test.

A. The test results.

Q. In other words, the test results were done when she was born in the hospital?

A. Right.

Q. You then in follow up to that you referred her to an endocrinologist, correct?

A. Correct.

Q. Okay. Why is it that you decided to care for this child who had Down syndrome since you didn't really have any expertise or experience in caring

for these children?

A. Well, you know, this is a patient, just a regular patient, and Down syndrome -- I took care of this patient because they brought, this baby was born in home like birth center in Metro.

Q. Say it again, home?

A. Home like birth center.

Q. Oh, okay.

A. Home like birth center. The baby was delivered by a midwife.

Q. Yes.

A. Okay. And the doctor who was supposed to be taking care of this patient was on west side, he did not have privileges, he couldn't have the privileges, so the midwife requested me to see for one time here in the hospital. So I got --

Q. Which hospital?

A. This hospital.

Q. Booth?

A. Booth.

Q. Go ahead.

A. So I saw the patient in consultation with the midwife. And I described to them, they were shaken, because the child, they did not know it was a Down syndrome, after the birth they came to

me, I confirmed with a blood test, and after I told them what it was. And she went back to her doctor on the west side. She did not feel comfortable to continue there because she had developed some relation with me while I explained to her. So she wanted to come back to me. So I said fine, so that's the way she started coming here.

Q. Okay. The question, though, however, was why did you continue to see this child if you didn't have any expertise in treating Down syndrome children?

A. I was not treating for any expertise, I was taking care of her well baby care. She was coming for well child care, which I was administering, and baby was doing fine, there were no problems with the baby. So if there were problem, I would refer, so would most pediatrician that take care of her.

Q. Doctor, the baby did have a problem, the baby had a heart defect, are you aware of that?

A. No.

Q. Are you aware of that now?

A. Now after the incident, now I am aware.

Q. Are you aware that she was born with a heart defect?

A. I can't say that, because I didn't recognize, there was no symptoms.
Q. Well, what symptoms would you have expected this child to have --
A. The child --
Q. Excuse me. Let me finish the question. -- in the first year of life if she, in fact, did have a heart defect?
A. It depends, oh, you know, I can't be very specific.
Q. Why not? Is that because you don't know?
A. I don't have an answer for you, yes.
Q. You don't know?
A. Not because I don't know, I can't be specific, because there are variations, you know.
Q. Give me the variations?
A. I am not an expert in this field, I am not a cardiologist specialist, I'm a general pediatrician.
Q. Well, what symptoms would you have expected as a general pediatrician for a child having a heart defect within the first year of life?
A. Okay. If the child is growing well and physical examinations are normal, within normal, I would not expect anything to refer. That means I have

to refer everybody to a specialist, no.
Q. No. How about Down syndrome children because you know they can have heart defects without murmurs?
A. Not all of them.
Q. Not all of them. Well, what did you do, just guess that this child didn't have a heart defect?
MR. JACKSON: Objection.
A. It's not a guess. I checked the baby and the baby was doing fine. My records there are. The baby was doing fine.
Q. Okay. Could you show me where you did an EKG?
A. There was no need for an EKG at that time, it was not necessary for an EKG.
Q. So you don't believe that the standard of care with a Down syndrome child is to do an EKG --
A. Absolutely --
Q. Excuse me, let me finish, please. I'll let you finish your answer, let me finish my question.
A. Okay. Fine. Fine. No problem,
Q. You don't believe that the standard of care of a pediatrician is to do an EKG in the first year of life of all Down syndrome children?
MR. JACKSON: Objection. He has answered. Go ahead and answer it again,

doctor.

A. In an asymptomatic patient, no, it's not the standard of care.

Q. And I apologize, I keep trying to ask you, I'm not sure I have gotten an answer from you yet, what do you mean by asymptomatic; what symptoms would you have expected if, in fact, she had a heart defect?

A. The baby is thriving well, she is growing well and doing well, and there are --

Q. Do you understand the question? I am not asking you what you saw, I'm asking you what you would have expected to see if there was a heart defect?

A. If you hear normal heart sounds, you wouldn't suspect any heart defects.

Q. I'll try again. What would you have expected to hear or see if the child had a heart defect?

A. It depends on what kind of heart defect.

Q. Well, how about the heart defect that this child had, do you know what kind of defect she had?

A. Right now I know, but --

Q. What did she have?

A. They say it's an AV canal.

Q. What is an AV canal, doctor?

A. It's a defect in Down syndrome, they have it, not

all of them, and it also has degrees, mild to moderate, severe.

Q What is an AV canal?

A It's a defect in the heart. I can't be very specific. As I told you, 1 am a general pediatrician. You are propounding the question to me as if I was a specialist in cardiology.

Q If you don't know, just tell me you don't know.

A I can't explain specifically.

Q So you don't know what an AV defect is?

MR. JACKSON: Objection. Go ahead.

A It's an AV canal defect, atrioventricular defect.

Q Okay. And what does that defect cause?

A What does the defect cause?

Q Yes, sir.

A It's a defect associated with Down syndrome.

Q Yes.

A It depends on individual cases and depends on the severity, mild to moderate, and if it is, if they developed any symptoms you will know. You may not have anything, a mild one sometimes goes unrecognized. And it all depends on the individual cases, how bad it is; and if you hear, if you are not hearing anything, you just presume that it is normal heart. If you recognize

things, you refer to a specialist, if the baby is doing okay you don't.

Q. Is it your testimony, sir, that you can't have an AV defect without a murmur, is that your testimony?

A. Repeat the question, please.

MR. KAMPINSKI: Would you read it back, please.

- - - -

(Thereupon, the requested portion of the record was read by the Notary.)

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A. I don't understand that question.

Q. Why? What don't you understand?

A. I don't know what you are saying. AV canal what?

Q. Defect without a murmur, can you have one without a murmur?

A. I can't answer that, because I don't know.

Q. Well, if you don't know the answer to that, sir, then how in the world could you assume for the first ten months of this child's life that she was okay in the absence of getting an EKG, if, number one, you knew, as you have testified earlier, that these children can be born with

heart defects and if you didn't know that the defects could occur in the absence of murmur, how could you assume at the risk of this child's well-being that she didn't have a defect?

MR. JACKSON: Objection. You can answer.

A. My answer to you is baby was doing exceptionally well and growing very well. If there is a heart defect, they don't grow well.

Q. That is your testimony?

A. What I'm saying is the baby was fine and there was no need for me to do a consultation with cardiologist or an EKG, this is not a standard of practice, this is what I'm trying to tell you. I'm trying to tell you what the practice is, what we do, a pediatrician.

Q. You tell me what you did?

A. You know, that's the standard of practice, that's what I was taught.

Q. That's your standard of practice?

A. Yes.

Q. What do you mean what you were taught; you have told me you only have seen two Down syndrome children?

A. I'm talking general practice I'm talking a

general pediatrician.
Q. I'm talking about a child who has Down syndrome. I appreciate, doctor, you might not do EKGs on every child that is born. My question, though, is specific as to a Down syndrome child, which is what Kaitlin Stevens was.
A. Right.
Q. And you didn't have any basis for knowing what the standard of care was to whether you do an EKG or not because you never treated one, would that be a fair statement?
MR. JACKSON: Objection.
A. Whatever the child, if you do an EKG, if you see any heart defect or suspect any murmur, you do: when the child is doing well, you do not need to do an EKG.
Q. On a Down syndrome child?
A. Yes, of course.
Q. Did you get hemoglobin and hematocrit levels on Kaitlin in January of 1990?
A. I have to look.
Q. Yes, why don't you look.
A. January?
Q. 1990.
A. 1/22/90, okay. January 22 you are talking

about?

Q I think so. Give me a moment until I can find my copy of that, sir.

A Okay.

Q All right. Why did you do that test on that day or have that test done?

A That is a standard care. All babies, at nine months we do a complete blood count to rule out any anemia, that's every child, that's a routine care.

Q. Okay. Did you receive a copy of this report?

A. Yes. I have it here.

Q. Okay. And when did you receive it, can you tell from that?

A. It says date, of collection and date received on the report, 1/22/90 at 8:00 p.m. Because the office is not open, probably following day. I don't know the exact.

Q. Okay. Somewhere around the time this test was done you would have received the results, right?

A. The following day or within a day or two, yes.

Q. Okay. Is the -- well, are there any abnormalities on that test, sir?

A. It looks, to me it looks fine.

Q. Does it?

A. Yes.
Q. How is the hemoglobin?
A. Hemoglobin is within normal range of a child that age.
Q. It is?
A. Yes.
Q. What is the hemoglobin?
A. Hemoglobin is **15.3** grams and hematocrit is **44.3**.
Q. Those are both normal?
A. Normal range.
Q. What is normal range for hemoglobin?
A. Normal range hemoglobin, you can go up to -- you know, hemoglobin, hematocrit more than --
Q. Doctor, what is the normal range for hemoglobin?
A. **Up** to **15.5**, **15** to **15.5**, it says **10**, so **15.3** is not terribly bad.
Q. It's outside of the normal range?
A. Yes, I would say to me it looks normal.
Q. Well, does it say right in the middle of the laboratory results right at the top, what does that say, sir? Abnormal results, is that what it says?
A. Yes.
Q. Okay. What are the abnormal results?
A. To me it's **15.3** and, **15.3** grams dilution is very

much acceptable and also hematocrit 44.3. It goes together that is the reason I'm saying hematocrit and hemoglobin go together, they are calculated.

Q. They are not too high?

A. No.

Q. That doesn't suggest to you there is any problem going on with respect to --

A. The heart?

Q. Yes.

A. No.

Q. How about the other one, the mean corpuscle volume?

A. That's okay, too.

Q. That's all right?

A. Yes.

Q. That's just a little below the normal range, but not so far out that it would cause you any concern?

A. Right.

Q. Other than the referral to the endocrinologist, did you make any other referrals to anyone with respect to Kaitlin?

A. The mother took her to Joanne Mortimer.

A She, we discussed and she wanted to go, I said fine.
Q So it wasn't a referral by you, it was something the mother --
A It was an agreement between both the mother and me. And she says the only thing is she, we had a good rapport, mother and me, and she asked, and I said, fine.
Q. She trusted you, in other words?
A. Of course.
Q. Good. I'm sorry. Go ahead.
A. Yes. I answered your question. Yes. It's both, mother and me, yes.
Q. And when was that? When was a discussion had?
A. It was not written on the chart. We discussed over the phone, and she made an appointment, and she went and saw Joanne. You see whether it is dated here when she saw her. I don't know when we talked. It is not in our chart.
Q. Did you call Dr. Mortimer to discuss the fact that Kaitlin would be coming to see her or --
A. There was no need to.
Q. Did you send her a copy of your records?
A. There was no need to, because there was nothing to send. It was normal, as I told you. I'm

telling you it was normal, so there was no need to send anything to her. If she needed it she would call me. There was nothing special to send it to her.

. Are you aware of the fact, sir, that this child is not operable to correct the defect?

. Right now, yes.

. Are you aware of the fact that she'll probably, that she'll probably have a reduced life expectancy because of the defect?

. I cannot tell that. Nobody can tell that, because it all depends on individual cases. It could go either way also.

Q. The reason I'm suggesting or at least pointing this out to you, you keep telling me how normal she was, could you tell me what her EKG would have shown had it been taken during the first year of life; would it have been normal, in all probability, having a congenital AV defect?

MR. JACKSON: Objection. Go ahead and answer.

A. You know, as I said, you are bringing the same question. If the EKG is done, it could be completely normal, too, depending on how much the defect was. If it was a bad defect, you can pick

it up even without EKG. A growing child, if it is not thriving well, you know. An EKG, it all depends on the type of defect.

Q. So you don't have to do it?

MR. JACKSON: Don't answer that.

Q. You don't know?

MR. JACKSON: Don't answer.

A. I can't answer that.

Q. Well, I mean, you can't answer because Mr. Jackson said don't answer or is it because you don't know?

MR. JACKSON: No, because you are being contentious, and I'm not going to let that happen.

MR. KAMPINSKI: What does that mean, contentious?

MR. JACKSON: Look it up.

MR. KAMPINSKI: You are going to use words, I'd like the meaning.

MR. JACKSON: Go ahead, what is your next question?

Q. So you didn't have any discussion with Dr. Mortimer?

A. No.

Q. Were you at all surprised when you -- you got a

letter from or she cc'd you in on, apparently, her office note, right?

A. Beg your pardon?

Q. She copied you in on her office note, correct?

A. You mean Joanne?

Q. Yes, Joanne.

A. Okay.

Q. You know Joanne?

A. I don't know her, I don't know her personally. I have heard about her as far as her father was my teacher, Ted Mortimer.

Q. Ted?

A. I know Ted was my teacher, but Joanne, I don't know Joanne. Personally I don't know, I have not even met her.

Q. Okay. Have you talked to her?

A. No.

Q. Never?

A. Never. So far to this day I have not talked to her.

Q. So that when you got her letter and you got this copy of her office note, you didn't pick up the phone and call and say, gee, why do you want an EKG for baseline purposes; you didn't do that?

A. I didn't do that because I --

MR. JACKSON: Just answer his question.

A. I didn't do that.

Q. Well, I mean, her letter of August 10th of 1990 says, "I would strongly suggest that we do an EKG on her for baseline purposes." Did you follow up on that suggestion?

A. Well, you know, as soon as, what is that, Kim called me, Kim is Kaitlin's mother, called me and she said Joanne saw and wanted an EKG, she is requesting, can I get it at Booth. I said fine. So it was done on a request, and it went to her.

Q. Did you wonder why she wanted an EKG?

A. She is a specialist in that subject and she wanted more studies, so if you want it, she is asking, and she'll put everything together, and if there is anything, she'll call me back. So there was nothing to excite about this.

Q. To what?

A. I didn't get any excited about this.

Q. You didn't get excited?

A. No.

Q. No. All right. Did you make the arrangements, then, for the EKG to be done here at Booth?

A. Upon the request of Kim, she wanted to because

the baby was born here, and she knows people here. I said, fine. And I told the technician to get it done and send to it Dr. Mortimer.

Q. Okay. Did you get a copy of it, too? You have to answer verbally.

A. No, I have not, as of today I have not had a copy of it. Because it was --

MR. JACKSON: Just answer the question.

Q. You asked, requested that it be sent to her?

A. Because she asked to get it done, *so* it went, I don't have a copy of it. As of today, no, I have not seen it.

Q. When Mrs. Stevens made requests of you for testing, is that something that you would listen to and honor the request of the patient? For example, here she came back and indicated that apparently Dr. Mortimer wanted the EKG and you arranged for it. Did she ever ask you for an EKG on Kaitlin before that?

MR. JACKSON: She meaning who?

Q. Mrs. Stevens.

A. That's what you are saying, Kim?

Q. What is the answer?

A. No, she didn't ask for it, never.

Q If she would have, would you have ordered one?
A I would have if -- she didn't ask.
Q The question was if she would have would you have ordered one?
A I would have told her no, there is no need. If there was no need, I would have told her. Through my examination, there was no need, there was no need whether she asked or not.
Q So you wouldn't have done one even if she would have asked?
A Correct. Yes.
Q Doctor, what I'd like you to do is, I want to make sure that I can read your record, and what I'd like to do is go through it with you.
A Uh-huh.
Q And let's start from the beginning. First of all, why don't we have it marked. Just hand me the --

- - - -

(Thereupon, Plaintiffs' Sundaresh Exhibit 2 was mark'd for purposes of identification.)

- - - -

Q Has anything been removed from this chart before today, doctor?

A. Only the communication between him and us.
Q You mean Mr. Jackson?
A Right.
Q Has anything been added to it?
A No.
Q All right. On the inside of the chart is a Scotch taped sheet. This would have been, what, your intake sheet?
A This is the sign-in, yes, information sheet, yes.
Q Doctor, there's a pink phone message in here. Could you tell me who that is from, who it's to, when it was, or do you know?
A It says here, I can read it to you, call for Dr. H.
Q Is that you?
A Everybody calls me H, because my last name is -- I'm known as Dr. H, because all patient's call me Dr. H. And it is a message from Stevens and the phone number and message was K, K means Kaitlin probably, and this number 88 -- I can't make anything out of this, to be honest with you.
Q This apparently was a message from the Stevenses to you, it says please call?
A Uh-huh.

Q And then there's a couple numbers there, you don't know which is theirs, which or who you were supposed to call or whether you did call?
A Looks like that is a University number. 888-4619. Maybe she was asking for the -- I don't know, the date is not also there. I can't, because I was -- I can't tell you exactly, I cannot tell.
Q. Did you have any discussions with Mr. or Mrs. Stevens after the diagnosis of a heart defect was made as to why no EKG was done beforehand?
A. No, there was no discussion.
Q Were you involved at all in the audiology testing that was done at University Hospitals?
A. No, I am not involved.
Q. Would you agree that Kaitlin experienced failure to thrive during the first three months of her life?
A. It was very transient, and she picked up very nicely.
Q. Three months being transient is the answer to my question?
A. Three months, is that correct, three months or three weeks, is it three months? She was breast feeding the baby, and there was a breast feeding

problem, also, so I kept checking the weight, if you look at the chart, and the baby started gaining weight. That was not a big issue or problem. The baby started gaining very well.

Q. Is the answer to my question that the baby failed to thrive for the first three months of her life?

MR. JACKSON: He answered your question.

MR. KAMPINSKI: I don't think he ever did, John, if the answer is yes.

A. The baby thrived. It not, loss of weight, it was a normal loss of weight for a breast fed baby.

Q. That is a yes or a no, sir?

MR. JACKSON: That's his answer. You don't have to answer yes or no.

A. I told you, I said for a breast feeding baby for first two weeks, establishment of milk, they lose ten percent of the baby weight.

Q. That's a no, then, she didn't fail to thrive the first three months of life?

A. No. I was concerned initially because baby had lost weight, then I checked the baby every week, and she started gaining weight, and that was solved, the problem was solved.

Q. Did the baby tire easily?

A. She was a very enthusiastic baby.
Q. I beg your pardon?
A. It as a very enthusiastic, smiley baby.
Q. The answer to that was no, the baby did not tire easily?
A. Beg your pardon?
Q. The baby did not tire?
A. Not tire easily during the normal activities. If the baby had a fever, infection, they do get tired, but normally, no.
Q. Do you know who did the EKG, doctor, I mean, you said you never saw it, do you know who did it?
A. I don't know which specific person did it, the technician must have done it in Booth Hospital.
Q. Do you know, I mean, you made the arrangements for it to happen, correct, that is the --
A. Right. I called and said, requested for an EKG.

MR. JACKSON: Excuse me, did you say he never saw it? He has seen the EKG. He doesn't have a copy in the file, but he has seen --

MR. KAMPINSKI: Oh, I'm sorry.

Q. When did you review it?
A. Oh, he showed it to me.

MR. JACKSON: He didn't have a copy.

Q He being Mr. Jackson?
A Right.
Q When is it you saw it for the first time?
A. When?
MR. JACKSON: After the lawsuit was filed.
Q. Okay. So Mr. Jackson showed you the EKG, so --
A. I don't have a copy of it.
Q. Okay. Have you seen it again since that time or was that the only time you saw it? Did you see it again today, for example?
A. Did he -- the EKG?
Q. Yes, sir.
A. Yes.
Q. Any other times other than those two occasions?
A. No.
Q. Okay. Fine. Do you know who this individual is that apparently, whose name appears on it?
A. Okay. I recognize this name.
Q. Who is that?
A. That's Dr. Raja Shekar.
Q. Raja what?
A. Raja Shekar.
Q. R-a-j-a?
A. Shekar, S-h-e-k-a-r.

Q S-h-e-k-a-r?
A Yes.
Q Where is Dr. Raja Shekar located?
A Cleveland.
Q Where?
A Greater part of Cleveland. You need specific --
Q Yes, where is his office?
A Office is at St. Luke's Hospital.
Q And --
A He also was attending here. He was a consultant. He used to read all EKGs at MetroHealth Hospital for Women.
Q For who?
A Metro Hospital for Women.
Q For women?
A Yes. He was a consultant, he read all the EKGs, so that's the person who read it. He's an internist and he has got a lot of experience and subspecialized in infectious disease and also cardiology.
Q He's a cardiologist?
A He is not a cardiologist, he was an internist, board certified internist.
Q So why is he reading EKGs?
A That's, you have to ask him that question. But I

think most --

I'll --

Most people do.

I beg your pardon, most people do?

The internist, they do know how to read the EKGs.

Maybe they do, maybe they don't. What, did you have any affiliation with Booth as an officer, owner, director, anything of that nature?

A. What do you mean? Can you expand your question, please.

Q. I'm not sure. I mean, what was your association with Booth, if any?

A. Association, I was a practicing physician here. And I was a chief of pediatrics for -- it's in the resume here. I was chief of pediatrics for a number of years. Yes, that's the association. I was not a part owner of this hospital.

Q. Okay. Did you have any involvement at all at any time of determining who would read pediatric EKGs?

A. I don't follow your question there.,

Q. Well, you are telling me that this Dr. Raja --

A. Shekar.

Q. Shekar?

A. Yes.

Q. Is not a cardiologist, but yet he was the person who read EKGs at Booth?
A. Right.
Q. Somebody apparently had to hire him to do that?
A. Right.
Q. Did you have any involvement in that?
A. No.
Q. Do you know who did, who would have been responsible for doing that?
. Hiring?
Q. Yes, sir.
A. He is a consultant for MetroHealth for Women, I just told, just now I told you.

MR. JACKSON: He wants to know do you know the name of the individual who would have hired this doctor to read EKGs?

A. Metro Hospital, MetroHealth Hospital.
Q. Was it MetroHealth in 1990 or was it Booth?
A. MetroHealth.
Q. Okay. When did it stop being Booth?
A. I don't know. I don't keep track of those things. I don't know.
Q. All right. Because it says Booth Memorial Hospital on the EKG. Do you know if it was still Booth then?

A. No, it is not.
Q. No, no. In July of 1990?
A. Booth was sold in '8 -- 1 don't know the date, '87 or '88. Long time after, four years, they closed this hospital, okay, so it has to be '86 or '87 this hospital was, Booth was sold.
Q. Okay. MetroHealth has been running it?
A. Yes, MetroHealth Hospital for Women, yes.
Q. Okay. Did you then have privileges at MetroHealth, at this hospital after it was sold by Booth to them?
A. Right. Automatically everybody got the privileges. I was in Metro for a long time. My privileges has been since '77.
Q. Got you. How do you know Dr. Shekar, I mean, how is it that you know him, that this is his signature and you know him?
A. Because he, you know, he comes to the staff meetings and he is also chief of, he was chief of medicine in MetroHealth Hospital for Women here, so that's the way I know. He comes to the meeting, we attend the meetings, we used to attend the meetings here when the hospital was here.
Q. Is he insured by PIE?

MR. JACKSON: Don't answer that.

A. How do I know all those things?

MR. KAMPINSKI: He is having a good time. He is laughing and enjoying himself.

MR. KAMPINSKI: No, I'm really not having a good time.

A. That's all right, one should have fun.

MR. JACKSON: Just --

Q. I beg your pardon?

A. One should have fun.

MR. JACKSON: Never mind, doctor.

Q. All right. So he was the chief of medicine at the hospital?

A. As far as I know, yes, at that time.

Q. When you referred her for the EKG, I assume, then, that you knew that he would be the individual that would be reading it?

A. No. It went to Joanne. Joanne was the one.

Q. No, no, no. You did not understand my question. I'm sorry. It's my fault.

I assume when you referred Mrs. Stevens to take Kaitlin to have an EKG performed at MetroHealth for Women, that the person who would be reading that EKG would be Dr. Shekar?

A. Upon the request of Kim, Kaitlin's mother.

MR. JACKSON: Doctor, all he wants to know, when you arranged for that EKG to be done, did you know who would be reading it over there; that's the question he wants to know.

A. Only one person would read the EKGs, him.

Q. Dr. Shekar?

A. Yes. And that is why, reading is from Joanne more than anything, she is the one who wanted it, so she'll be the one.

MR. JACKSON: Excuse me, no. The question was when you arranged for the EKG to be done here, did you know who at Booth was going to interpret the test, did you know it would be Dr. Shekar?

A. Yes.

MR. JACKSON: That's the answer to his question.

Q. You went on to say, doctor, that you anticipated that Dr. Mortimer would also review that EKG because she was the one that requested it?

A. Because she was the one that requested.

Q. When you say review it, you mean the actual --

A. Reading of the EKG.

Q. When you say reading, you mean the actual strip?

A Yes.
Q So she would get it, she would actually review the strip to determine whether there was a problem with it?
A Right.
Q Why do you assume that?
A Because she requested and she is a specialist and she would read it.
Q. I see.
A. Most of the specialists do. That's their specialty. Mine is a general practice.
Q. All right. So there would be no reason, then, for you to get the EKG, because you couldn't interpret it even if you got it?
A. Well, you know, if it is grossly abnormal I could get it, but finer things, I may not have picked it up, finer things, but when she requested it went there.
Q. All right. You have seen it now twice. Do you see gross abnormalities on it?
A. I don't see any gross abnormalities.
Q. So it wouldn't be fair of me to ask you questions about the EKG, you are not a cardiologist, you are not a specialist in reading these?
MR. JACKSON: Like that would make a

difference to you.

MR. KAMPINSKI: Now who is having fun, Mr. Jackson.

MR. JACKSON: No I was just making a comment, Mr. Kampinski.

MR. KAMPINSKI: Yes. But it was contentious, seems to be a contentious comment.

MR. JACKSON: What does that mean?

MR. KAMPINSKI: I don't know, I asked you.

MR. JACKSON: Then you don't know that it was contentious.

MR. MELLINO: He knows it was similar to the comment you made before that you called contentious.

MR. KAMPINSKI: Thank you.

Q. It wouldn't be fair of me, doctor, would it, or would it be, for me to ask you to review this EKG, since you are not a cardiologist or specialist in EKGs, would that be a fair statement?

A. I can't answer that, because I told you if it is grossly abnormal I can tell you it is grossly abnormal, I can.

Q. Well, would you be able to tell whether or not there is an AV defect on this EKG?
A. You know, I told you, we both reviewed, you asked me the question did it look normal, I said it looked normal, okay. I answered that question. Did I --

MR. JACKSON: Doctor, he wants to know, do you consider yourself an expert in the interpretation of EKGs?

A. No, I am not.
Q. Okay.

MR. KAMPINSKI: Thank you, Mr. Jackson.

A. The questions are phrased so many different ways.
Q. Yes. I don't really mean to confuse, sir, I really don't, and I certainly appreciate Mr. Jackson's assistance.

MR. JACKSON: Thank you.

Q. But you assumed that Dr. Mortimer was such an exert, is that correct?
A. It says on her letter, she is running the clinic as specialized in the hospital.
Q. All right.
A. I presume that she has qualification and she is expert.

Q Okay.
A As far as I am concerned, according to the papers. I have not reviewed her CV or anything like that.
Q Did Dr. Shekar call you after he took this EKG and talk to you about the results of it?
A No.
Q Have you talked to him at all about the EKG?
A No.
Q At any time?
A No, I did not.
Q Were his offices in this building at one time?
A Yes, you are right. About -- I don't know the dates, but not at the time of when he did the EKG.
Q Okay.
A Long time ago he stayed for one year here, only, he was coming once a day in a week. I don't know the year. I don't know the year.
Q It would have been before this 1990 --
A Oh, definitely.
Q -- interpretation?
A Way before.
Q How often did he come, then, to the hospital to do interpretations, would it be daily or do you

know?

A. I can't answer that.

Q. Isn't it normal for an attending physician who orders a test to get a copy of the test?

A. When I called, I told them it should go to Joanne because she is requesting. I just helped Kim because she was requesting it needs to be done in this hospital and I facilitated. I really was not wanting the EKG.

Q. Okay. Who did you call and ask --

MR. GOLDWASSER: Chuck, would you let me have a look at this, the EKG? I just want to look at it while you are asking questions. I'll give it right back.

MR. KAMPINSKI: I want to see the one you have.

MR. GOLDWASSER: I don't have one.

MR. KAMPINSKI: Do you have one?

MR. GOLDWASSER: You think I do.

MR. KAMPINSKI: Do you have one?

MR. JACKSON: Are you talking to me?

MR. KAMPINSKI: Yes.

MR. JACKSON: I might.

MR. KAMPINSKI: Do you have one?

MR. JACKSON: I think we gave you a copy of it. In fact, I'm sure we did.

MR. KAMPINSKI: I'd like to see yours.

MR. JACKSON: See my what?

MR. KAMPINSKI: I'll show you mine if you show me yours.

Q. Who did you request this of?

A. There is an extension, respiratory therapist extension. I don't remember. I call that extension, tell them to do EKG, and particularly it was to go to Dr. Mortimer, that's all I did. So I knew the technicians, that we can get it done because, upon request of Kim.

Q. Okay.

A. That's all I did.

MR. GOLDWASSER: John, you are going to be sending me a copy of that?

MR. JACKSON: Yes.

MR. GOLDWASSER: Thank you.

Q. Doctor, at the back of your chart you have a growth form from Ross Laboratories, you know, that you can chart the length and weight, head circumference on a child to plot the child's growth. Did you do that with Kaitlin?

A. No. Every visit, if you look at it, we have --
Q. My question is really a simple one. Did you prepare the chart for Kaitlin?
A. It is, when the growth is normal, unless there was deviation we do it. It's there on every chart, I don't do it on any particular patients, not any patients, no. Because record is there, every time she came for a checkup there is weight, height, and head size.
Q. Great. All right. Doctor, I'm going to hand you your report, your office record, which I have marked as Exhibit 2, okay. What I'd like you to do, sir, is let's go through that in some detail and just flip page by page, tell me what it is, if it's got writing of yours I'd like you to read it for me, okay?
A. Okay.
Q. Let's start with the very first page and go right through.
A. Okay. You want me to read the whole thing?
Q. Well, just tell me what the page is, first.
A. Okay. This is the front page, face sheet.
Q. All right. And you are referring --
A. You want me to read this, too?
Q. Well, you are referring to something that has got

your letterhead on it, right, and that folds up actually into a four-page document?

A. Right.

Q. That is apparently the first page of your office record, correct?

A. Yes.

Q. All right. On the front page of that is, it has categories, for example, when she gets her immunizations, correct?

MR. JACKSON: You are going to want a copy of all these, you are going to ask her to copy these?

MR. KAMPINSKI: Yes.

MR. JACKSON: Why don't we facilitate this, just make numbers on this, you can number these as you go, and then you will be sure that you have all the copies. I'm not going to release the original chart. And then you can just keep track and make sure everything in here is numbered and you will get a copy of it, how is that?

MR. KAMPINSKI: All right, let's go slow. What do you intend to do, then, as far as the original, are you intending that you make copies?

MR. JACKSON: I am.

MR. KAMPINSKI: You want to number them now to ensure that at this point I get everything that is in front of him?

MR. JACKSON: I assume that's what you want.

MR. KAMPINSKI: Well, okay. I assume that's all I can get at this point?

MR. JACKSON: You can't get what you don't have or what we don't have, can you? Do you want to do that or not or do you have a better idea?

MR. KAMPINSKI: Well, I'm loathe to, l-o-a-t-h-e, to have him put any type of writing, or you, on any of his original chart.

MR. JACKSON: Okay.

MR. KAMPINSKI: I mean, I don't have a problem copying them and then putting numbers on the copies.

MR. JACKSON: All right. Well, then you can count them as we go.

MR. KAMPINSKI: That's a good idea.

MR. JACKSON: We will make sure you get all the things that are in here.

MR. KAMPINSKI: Can we proceed?

MR. JACKSON: Go ahead.

MR. KAMPINSKI: Good idea, then.

MR. JACKSON: Thank you.

Q. If you will open up that page, doctor, that's where your office visits start and your notes regarding your office visits, is that correct?

A. Correct.

Q. Let me just, if you would flip back to the first page, it reflects her birth date as being March 31st, and you first saw her on April 13th, is that correct, up at the top?

A. Yes.

Q. And the birth weight was 7 pounds 2 ounces, is that correct?

A. Correct.

Q. And then the 20 inches was her length?

A. Correct.

Q. All right. So if we open that, the first time you saw her was April 13th?

A. Correct.

Q. What I'd like you to do is start reading and tell me what you wrote.

A. Okay. The first on top is written by the nurse, the name is Stevens, Kaitlin Stevens.

Q. Uh-huh.
A. Birth date was 3/31/89, and the date of the visit was 4/13/89. The age of the patient was two weeks old. The weight was 20 and one fourth of an inch.
Q. 20 and one quarter inches?
A. Right. And weight was 7 pounds 4 ounces, head size was 33.2 centimeters.
Q. Let me stop you for just one second. Now, you saw her at two weeks of age and she had gained two ounces?
A. Uh-huh.
Q. And you consider that okay?
A. Yes, because they usually lose weight, as I told you, first few weeks.
Q. Okay. Go ahead.
A. And my physical exam, slant eyes, just did a positive findings, okay, slant eyes.

MR. JACKSON: Want to follow along, Gary?

MR. GOLDWASSER: I assume it's not totally relevant to my issues in the case. I'll let you know if I do. Thank you.

Q. Go ahead, doctor.
A. I just made positive notes, slant eyes and low

set ears, and rest of the exam was okay.
Q. Posture was -- what is that word next to posture?
A. That is within normal limits, I have down --
Q I see, WNL?
A Yes, within normal limits.
Q Okay.
A Crusty eyes, because she had some reaction from eye drops or an infection. So we treated with Garamycin. That's trisomy 21, that's Down syndrome, in other words.
Q Why don't you spell that for her.
A T-r-i-s-o-m-y, trisomy 21.
Q Okay. Go ahead.
A And prescribed Garamycin eye drops to be used four times a day and to come back in two weeks.
Q All right. So that constituted your first visit?
A Correct.
Q All right. Next one on the right side of that page --
A Right.
Q -- is April the 21st, 1989?
A Yes.
Q All right. If you would read that?
A 4/21/89, the phone number I think is a pharmacy,

524-0384. Garamycin eye drops not working. This is my nurse's handwriting, it's not my handwriting. Her name is Barb Hutton, BH. And, of course, she discussed with me, always when she calls the medicines she has to discuss with me, if it's not working, to change to Tobrex, another eye drop.

Q. Okay.

A. And warm compresses and tear duct massage, if symptoms persist, to call us.

Q. All right. Was this a phone conversation that she had or was this a visit?

A. A phone.

Q. Okay.

A. Phone conversation.

Q. Go ahead.

A. Because my signature is not there, it was called in prescription at, the drugstore number is there.

Q. Okay. So this would have been a phone conversation between Barbara and Mrs. Stevens?

A. Correct.

Q. All right. Go ahead.

A. Probably the nurse must have discussed with me what to do.

Q Okay.
A And on next visit, office visit was 4/27/89, which was four weeks old. The baby's height was 20 and 3/8 inches.
Q So the baby was taller, right, just by an eighth of an inch?
A. We do manual examination more than the height, the head size and weight. The height is done not with calipers. It can vary a few, you know, it can't, you can't be that critical on the height.
Q. How about the weight, how do you do that?
A. Weight by the standard scale, a pediatric scale.
Q. Okay.
A. Head size is the measurement which is a standard.
Q. What was -- at the time the weight was 7 pounds. Was that better or worse?
A. It was only a month old, four weeks, as I said.
Q. Still losing weight?
A. That is within acceptable limit, it is not terribly bad.
Q. Pretty good, huh?
A. I didn't say pretty good. I said it's not terribly bad.
Q. Well, wait a minute.
A. I didn't say pretty good.

Q Does that mean it's bad but not terribly bad?
A It's acceptable.
Q It's acceptable to you?
A Right.
Q No concern about any problems?
A Well, that's the reason I told -- if you look, let me finish reading this visit, okay.

The head size was **33.9** centimeters, head is growing very well, brain growth is fine, and WCC means well child care, that means everything checked out okay. RTO two weeks. RTO means return to the office two weeks for weight check. I wanted to check weight, make sure baby is gaining weight.

Q Where does it say two weeks?
A Just below right here, RTO at two weeks for weight check.
Q Where is the two?

MR. JACKSON: Right in front of the weeks.

A Here. Two, two weeks for a weight check.
Q Okay. Then what does it say next to that?
A What, this one?
Q Yes.
A My signature.

Q. No, right here?
A. Four weeks, that's for regular checkup, two months checkup for the shot. This is just to visit for a weight check.
Q. I see. So you were concerned about the weight?
A. Yes, I was concerned in the sense, you know, I want to keep an eye on the weight to see how it is doing.
Q. Well, if the child had a -- well, which is what I was trying to ask you before, doctor, when I asked you what symptomatology, if any, would concern you sufficiently to get an **EKG** on a Down syndrome child. I take it that the symptomatology that wouldn't concern you sufficiently to get an **EKG** on a child would be a weight loss within the first few months of life, is that correct?

MR. JACKSON: Any weight loss are you saying?

Q. Well, a weight loss from 7 pounds 4 ounces to 7 pounds over, you know --
A. To answer your question, it wasn't a significant weight loss, I was not concerned, but I wanted to watch the child.
Q. That wouldn't cause you to get an **EKG** on a Down

syndrome child?
A. No, not at all.
Q. Nothing would?
A. What --
MR. JACKSON: Don't answer that question. He is again being contentious.
Q. Well, what would?
A. The weight wouldn't concern me to get an EKG, for your information.
Q. Okay. So even if this weight would have gone down more, no matter what it would have done, that wouldn't have been a sufficient reason?
A. That's not in the record, that's not there. The baby did not lose weight, she started gaining weight, if you look on the record.
Q. Go ahead. We are now up to May 11th.
A. Beg your pardon?
Q. We're now up to May 11th.
MR. JACKSON: He wants you to read the next entry, doctor.
A. Right. 5/11/89 for weight check, gained about 4 ounces from the previous visit. And it was not a physical examination, just for a weight check. This is satisfactory, because it was not losing further any more weight.

Thyroid screening test was abnormal, as we discussed before.

Q. I thought you just told me it was normal?

A. No. It was abnormal from the hospital, yes. I said thyroid screening test.

Q. Right. I understand.

A. Was abnormal, and repeat the test today. And the feeding, I went through with the feeding schedule, to increase the feeding to bring it up, recheck the weight in two weeks, weight gain, if it is not appropriate, discussion with the mother will follow.

Q. Okay.

A. And we did check two weeks, check at 5/25/89, the height was 21 and 1/8, and the weight was 7 pounds 8 ounces. The baby is gaining weight, the head size is pretty good, and gaining, you know, brain growth is very good. And well child care, we gave, administered diphtheria, whooping cough, tetanus and oral polio drops number one, and asked to come back in two months.

Q. Okay.

A. And in between we wanted to make sure the baby's weight gain is okay, we called, just to come for a weight check. She came, and weight was very

good, gained almost a pound in the period of 5/25 to 6/8, a matter of two weeks the baby had gained a pound almost, grossly a pound. That was very satisfactory for me.

And I discussed with her and said failure to thrive was resolved, and I told the baby, mother to bring the baby back in six weeks.

Q. I'm sorry -- oh, I see, this --

A. FTT, failure to thrive was resolved.

Q. I see.

A. In two weeks one pound is very good.

Q. All right. So there was failure to thrive, then --

A. Yes.

Q. -- up until that point?

A. Yes. It's transient, not anything significant. And on 8/10/89, age four months, height was 24 and 1/4, weight was 10 pounds 11 ounces, and head size was 38 centimeters, And, again, well child, care and we did second set of shots, diphtheria whooping cough, tetanus and oral polio drops number 2. Mom complains of hip click. Hip checked, I checked the hip, discuss with her a hip problem with trisomy 21, will get hip x-ray. And next is RTO 2 months.

And 9/29/89, excuse me, baby was, age was 6 months old, height was 24 and 7/8, weight was 12 pounds 15 ounces, again very nice weight, and the head size is pretty good, 39.2. Well child care, we had administered an, again, diphtheria, whooping cough, and tetanus, number 3 shot. To come back in two months. 12/1/89, age 8 months, height was 26-and-a-half inches, weight was 14 pounds 9 ounces, head size was 40.6 centimeters. Well child care again, and we administered pure protein derivative to find out whether the child is exposed to tuberculosis, which is a routine test.

- - - -

(Off the record.)

- - - -

MR. KAMPINSKI: Just have the record reflect that Mr. Jackson asked the doctor to step out of his office during the pendency of the deposition, that I'm now sitting here waiting for his return patiently.

- - - -

(Thereupon, a recess was had.)

- - - -

MR. JACKSON: Did you put something

on the record while I was gone?

- - - -

(Thereupon, the requested portion of the record was read by the Notary.)

- - - -

MR. JACKSON: Since it's of some importance to Mr. Kampinski, you were changing your paper, and I went to the bathroom, which the doctor showed me where it was, and we both used the facilities. Does that satisfy you as to why we left the office?

A. How many minutes?

MR. JACKSON: That's all right, doctor. It's of some significance to him, apparently. Did you have some more you wanted to ask the doctor?

MR. KAMPINSKI: I think we were going through his chart.

A. We had 12/30/89. Yellow drainage from nose, cough and congestion, temperature was 97.4 axillary, it was an upper respiratory tract infection like a common chest cold. Throat culture was obtained, and started on antibiotic, amoxicillin 125 mg's, 5ML three times to be given

for ten days. RTO, to come back as scheduled. And next day we read the throat culture, throat culture was negative on 1/29.

Next visit was 10 month old checkup, 1/22/90, the weight was 26 and 5/8, the weight was 14 pounds 2 ounces, the head size was 40.8 centimeters. Well child care, we did a routine complete blood count, CBC stands for complete blood count.

Q. Do you do that at 10 months of age on all children?

A. Between 9 and 10 months, all children.

Q. Okay.

A. Come back in two months, And the next visit was 3/23/90. Temperature 97.2 axillary. The reason is for cold symptoms and fever, The diagnosis at that time was bilateral otitis media with pharyngitis. Throat culture was obtained and was treated with amoxicillin 125 milligrams three times a day for ten days. To come back in two weeks. And we checked the throat culture the following day, 3/24/90, throat culture was positive for group A beta hemolytic strep. Mother was notified at this time by Barbara Hutton, who is my nurse.

And 4/10/90.

Q. What was done about the strep?

A. It was treated with antibiotics.

Q. Which had been prescribed the day before?

A. Right, because the baby had an ear infection, too, it covers for both. We were obligated to let mom know, because the other kids can get the strep throat.

Q. Okay.

A. 4/10/90, age one year old check, and also check a follow-up check, both of them. The height was 27 inches, the weight was 15 pounds 6 ounces, head size was 41.5 centimeters. Well child care, bilateral otitis media was resolved.

And next visit, 4/12, two days later, 4/12/90. Fever, yellow drainage from nose, irritable. Temperature recorded was 98.6 axillary, and the diagnosis was made upper respiratory infection. Throat culture was obtained, amoxicillin was prescribed 125 milligrams, 125 milligrams three times a day for ten days. Return to the office on, when necessary basis, PRN means when necessary.

Following day the throat culture was positive for group A beta hemolytic strep.

Mother was notified. CB is Cathryn Bredidge is my pediatric nurse.

Q. So she still had strep, I thought you said you had taken care of that with that amoxicillin that you had given earlier?

A. Right. That was a month, almost three weeks later. It can come back within two days, also, strep infection.

Q. On April 10th when she came in, did you check to determine if the strep was resolved? You said that the otitis media was resolved?

A. Right. Throat culture positive was treated. We don't repeat the cultures because one dose of medicine wipes the throat clean.

Q So you think this was a new onset of strep, then?

A Uh-huh.

Q How did you treat her?

A. What?

Q. How did you treat it? Once again, with the amoxicillin that was given the day before?

A. It was not day before.

Q. Yes, sure it was. April 12 there was a prescription for amoxicillin?

A. It was a prescription.

MR. KAMPINSKI: That's what I said.

MR. JACKSON: That's not what you said.

. Same medicine in the sense, yes. It was not treated the same previous, it was given prescriptions on the 12.

. Yes, right.

. So she continued the prescription.

. All right.

. So it will cover the upper respiratory infection and the throat infection, too. Previous treatment was on March 23rd.

. Okay.

. All right. Next one, where do we go. This one is the next visit, okay. 6/8/90.

. So you didn't see the child between April 12 and June 8th?

. No.

. Okay. Your April 12th visit you had told her to return as needed, right?

. Uh-huh.

. So there were no additional scheduled visits?

. Routinely, we see up to one year, one month check, two months, four months, six months, eight months, ten months, one year. Then 15 months, 18 months, 14 months, three years, four years, like

that it goes. It's the standard prescribed by American Academy of Pediatrics.

Q. When was she supposed to be back, then?

A. 15 month checkup.

Q. All right. Go ahead.

A. She came in 6/8/90, eyes red, crusty. That was the complaint, eyes red and crusty, swollen, coughing and runny nose. Bloody discharge from the eyes. Temperature was 96.1 axillary. The diagnosis was left otitis media with conjunctivitis. In bracket we can put pink eyes, that's the common term. Throat culture was obtained, amoxicillin was prescribed, 125 milligrams three times a day for ten days, on Tobrex eye drops, was prescribed to be put four times a day for seven to ten days. To come back in three weeks.

And mom requested a throat culture, we did the throat culture, and mom's throat culture was positive. And 6/25/90 fever, vomiting, not eating. And weight was 16 pounds 2 ounces, temperature was 98.8. Upper respiratory tract infection, congested, took a chest x-ray, which was posterior, anterior and lateral views. The chest x-ray was normal, there was no pneumonia or

anything like that. And throat culture was obtained, treated with amoxicillin, and following day throat culture was negative. That was 6/26/90.

Q. Who -- was it any specific type of amoxicillin that you were prescribing?

A. It is a brand name Amoxil.

Q. Who is that made by?

A. Beecham.

Q. Do you own stock in their corporation?

A. I don't own any stock. That's a very common prescription prescribed by everybody. Amoxicillin is a broad spectrum antibiotic.

Q. Doctor, this child has had a number of upper respiratory infections, now. This hadn't concerned you at all?

A. No. It's within normal limits, up to six, eight infections in a year during the first year.

MR. JACKSON: Excuse me, I didn't hear what you said, Mr. Kampinski. Did you make a comment?

MR. KAMPINSKI: No, I didn't.

Q. Go ahead, doctor.

A. 7/9/90, the height was 28 inches.

Q. I'm sorry, what was the 6/26/90 entry?

A. Throat culture was negative. I just mentioned that.
Q Okay.
A. 7/9/90, 15 month age, height 28 inches, weight was 16 pounds 5 ounces, head size was 42.4 centimeters. Well child care, measles, mumps, and rubella was given, and also pro HIB shot was given.
Q. What is that?
A. That is to prevent meningitis. It's an immunization.
Q. Okay.
A. At that time, one child, now they have three shots.
Q. Okay.
A. 9/25/90, age 18 months, weight 28 and 1/8 of an inch, weight was 17 pounds 12 ounces, head size was 42.5 centimeters. Well child care, booster shot of diphtheria, whooping cough, and tetanus and oral polio drops were given. To come back in 6 months.

And 10/30/90, complained of, excuse me, complained of round sore under the chin, not helped by hydrocortisone cream. That was the nurse's handwriting. Apparently it was tinea

corporis which is a fungal infection, a cream Lotrisone cream 1 percent prescribed to apply four times a day for two weeks. To come back as and when needed.

12/24/90, fever, green nasal drainage, 99.26 temperature, axillary, and upper respiratory infection. Chest cold, throat culture. Amoxicillin was prescribed, and throat culture was negative -- positive. Group A beta hemolytic strep. Mom was notified. Mom to have throat culture done at Urgent Care center because she had symptoms. And this was just a phone call, it was not a visit,

1/21/91, cold, yellow drainage, wants treatment with amoxicillin, mother was requesting for it, and because she had previous throat, the upper respiratory infection, we called in the amoxicillin. And 1/31/91 copy of chart, patient asked for copy of the chart.

Q. Can I see that? Okay. Doctor, 1984 to 1986 you were the assistant chief of the medical staff?

A. 19 what?

Q. '84 to '86.

A. Right.

Q. It says MetroHealth Hospital for Women. Did you

mean Booth?
A. Can you read that in the back, that black is there.
Q. All right. So should this be Booth, then, on your CV?
A. I have to check on that. It could be Booth and it was merging, maybe both at the time.
Q. What were your duties as assistant chief of the medical staff?
A. Chief of medical staff is the one who takes care of all the attending physicians credentials and things, conducting the executive committee meeting, in his absence I take over his position, number two position.
Q. Who was the chief at that time?
A. Doctor, if I recollect correctly, it could be Dr. Stan Post. Dr. Post, Stan Post.
Q. Post?
A. Do you know him?
Q. Yes, we have met.
A. Stan Post, or it could be Dr. Jayavant, he was also chief of staff. I think Dr. Post.
Q. Dr. Jaya?
A. Jayavant. No, I don't think he was the chief, I think Dr. Stan Post was the chief.

Q. How do you spell Jayavant? Is that Dr. Shekar -- how do you spell Dr. Jayavant?
A. I have to look it up. It's J-a-y-a-n-t, I don't know whether that is the correct spelling or not.
Q. All right. From '84 to '91 you were the chairman of the credential committee?
A. Right.
Q. Once again, it says The MetroHealth Hospital for Women. Do you mean Booth?
A. See, I was acting as chief of the credential committee from '84. At that time it was Booth. When they purchased, Booth was purchased by Metro, I was continued in the same position, that's the reason it's all like that.
Q. Okay. What do you do as the chairman of the credentials committee?
A. Chairman of credential committee responsibilities, I have four doctors in our committee, I was heading the credential committee, chairman, for renewal of the reappointments and appointing the new physicians to the office, I mean, hospital, giving the privileges, I go through and check them out, cross reference and all that.
Q. Is that for purposes of ensuring that physicians

who get privileges at the hospital know what they are doing?

A Checking them out to make sure their credentials are okay to keep the standard of the practice in the hospital.

Q To make sure they are competent?

A Right.

Q And did you have anything to do with the credentialing of Dr. --

A Shekar.

Q Shekar. Did you?

A I had not only Shekar, everybody who was practicing I have to go through. Not any particular physician. I couldn't do myself, mine, chief of the staff will do mine.

Q Right. But you did the others?

A Right.

Q Including Shekar?

A Including Shekar, including chief of Stan Post, also, everybody.

Q So if Dr. Shekar was not competent to read pediatric **EKGs**, that's something that you should have been aware of, correct?

MR. JACKSON: Objection. Go ahead, doctor.

A. As the credential committee chairman, he has applied for practicing medicine, he is chief of medicine.
Q. Yes.
A. So you have to look it up, how the credential committee wants, the details I don't remember I don't recollect, when I reviewed, I cannot recollect, you will have to look it up, I can't tell you for sure. His credentials are okay to be the chief of medicine.
Q. Yes, but my question is with respect to the individual reading pediatric EKGs, would that have gone through the credential committee?
A. I can't answer that.
Q. You don't remember?
A. I can't. I don't. You have to check it out.
Q. Who would I check that out with?
A. The hospital.
Q. Which hospital?
A. Whoever I was credential committee chairman.
Q. Who was that, Booth and MetroHealth?
A. Booth is no longer in existence, they sold to MetroHealth for Women. That is closed, so I guess you have to check with MetroHealth system.
Q. It's got you as the president, Associate of

Indian Physicians of Northern Ohio, what kind of group is that, sir?

A. It is, we are practicing about, approximately, we have about, practicing physicians in Greater Cleveland area, about 360, I think. I was representing them as associate to promote, it's a private organization.

Q. Okay. And that's a different organization than the North East Central Region, American Association of Physicians from India, or is that the same group?

A. That represents the whole country, I was the director for the whole country.

Q. That's a separate group?

A. It's the local one, and the other was for the whole country. I was representing the whole country for four states, representing **24,000** physicians, practicing physicians.

Q. Okay. What was Dr. Shekar's first name?

A. Raja.

Q. Is he an Indian physician?

A. Yes.

Q. Is he part of this group?

A. What do you mean part of this group?

Q. Part of the Indian Physicians of Northern Ohio?

A. Yes.
Q. And the American Association of Physicians from India?
A. Yes.
Q. Did you know Dr. Shekar before coming to this country?
A. Yes.
Q. How?
A. He is my classmate, we studied together.
Q. Did you come to the United States together?
A. No.
Q. When did he come?
A. He has his own, he came alone, and I came differently.
Q. Did you sponsor him at all --
A. No.
Q. -- to come here?
A. No.
Q. Did you have --
A. He came earlier than me.
Q. Who came to Cleveland first?
A. Me.
Q. Who came to Booth first?
A. Me.
Q. Did you sponsor him to come here? Were you

involved in his coming to Booth at all?
A No.
Q Where is his office at right now?
A He is right now located, his office is at Saint Luke's Medical Building. He has been there for many years.
Q Do you know what the name of his practice is?
A I think it is Shekar -- I don't know, but I think it is Shekar, Incorporated. I don't know the name. I really didn't know the details, to tell you frank.
Q The answers to interrogatories that I received from you indicated that you had $200,000 coverage with PIE with a million dollars excess, is that correct?
MR. JACKSON: I'm going to object.
A To my knowledge.
MR. JACKSON: Go ahead.
A To my knowledge, yes.
Q Is that the same coverage that your corporation has or does it have additional coverage?
A I don't think so.
Q Do you have your own independent attorney representing you other than those retained by PIE?

A Just retained by PIE.
Q Are you aware of the fact that they also represent Dr. Mortimer in this case?
A I heard. I heard it.
Q. Have you made any demand on PIE to pay your policy limits in this case?
MR. JACKSON: Don't answer that, doctor.
A. I have no idea.
MR. JACKSON: Don't answer that.
Q. Does it concern you at all that they represent Dr. Mortimer as well as yourself in this case?
MR. JACKSON: Don't answer that either.
Q. Doctor, did you tell the Stevens family that you had not cared for any other Down syndrome children?
A. I cannot recollect. I don't think I have told them.
Q. Is failure to thrive a sign of a heart problem?
A. Not really.
Q. Well, does that mean it can be?
A. If it is persistent and going on, depending. In her case, no, it was not at all. In her particular case, no.

MR. KAMPINSKI: Okay. Why don't you, if you would, just count the number of pages in your chart and --

MR. JACKSON: You can count them if you want to count them. He is not going to sit here and count pages for the record. If you want to count them, you count them and you can put on the record how many pages that you count, and we will see that those copies get to you and you can be satisfied that the count was your count.

MR. KAMPINSKI: Well, it's his chart.

MR. JACKSON: I understand that.

MR. KAMPINSKI: Well, good.

Q. And, I'll tell you what, doctor, why don't you go through your chart and identify each page. If you want to do it that way, I will do it that way. It's much easier if he sits here and counts it, John?

MR. JACKSON: He is not going to sit here and count it.

Q. Go through each page and identify each one.

MR. JACKSON: He has read everything in there including his notes.

Q. There are other things in your chart?

MR. JACKSON: Most of those documents in there are test results and are self-explanatory documents. If there is something specific in there you would like him to explain to you that isn't clear to you on its face, he will do that for you. If you want to count pages, you count pages.

MR. KAMPINSKI: You must be concerned about the count.

MR. JACKSON: I want you to have an accurate count so that you are satisfied.

MR. KAMPINSKI: No, I want the doctor's count.

MR. JACKSON: I offered a suggestion earlier. You didn't want to do that, Go ahead and count.

Q. Doctor, why don't we count them together, okay? You have a cover, right, a manilla cover on your chart?

A. Do I have to do that?

MR. JACKSON: Just answer his question.

A. Yes.

MR. JACKSON: Answer his question that there's a manilla cover. That's what he is asking.

Q. Just answer whatever Mr. Jackson wants you to answer.

MR. JACKSON: We will answer appropriate questions.

MR. KAMPINSKI: You told him yes.

Q. Is the answer yes?

A. Yes.

Q. Okay. On the inside of the manilla cover is a, one page which is Scotch taped, correct?

A. Yes.

Q. Okay.

MR. GOLDWASSER: Tell you what, guys, why don't I count the pages and I'll tell you what the number is so I can get out of here.

MR. JACKSON: Go ahead.

MR. KAMPINSKI: Are you going to have any more specific questions?

MR. GOLDWASSER: I don't have any questions, but, really, I want to get out of here.

Whatever you guys want. I'm not going to

take issue with the two of you, but I'll count the pages.

MR. JACKSON: That's fine.

MR. GOLDWASSER: I don't know if you want to do that.

MR. KAMPINSKI: I don't know why you don't want the doctor to do it.

MR. JACKSON: I want you to be accurate because I don't want it to come up later.

MR. KAMPINSKI: Well, there are already comments in there that I wasn't provided with, Mr. Jackson.

MR. JACKSON: What are those?

MR. KAMPINSKI: There's the phone message; the chart, at the end there are things that weren't provided.

MR. JACKSON: Let's identify everything in there you say you didn't get. Let's do it now. Okay?

MR. KAMPINSKI: We will do it when I want to do it.

MR. JACKSON: Well, if you are going to accuse us or the doctor of not giving you documents, we will sit here on the record

and, you have it in front of you, let's identify the documents you say you didn't get.

MR. KAMPINSKI: Let's do what I want to do. It's my depo.

MR. JACKSON: I'm asking you to do it now.

MR. KAMPINSKI: You don't have the right to ask me to do anything, do you?

MR. JACKSON: I can ask you anything I want to. You can choose not to do it for any reason you want. I don't know why you don't want him to identify them.

MR. KAMPINSKI: Let's have him do it for the jury where it can be rectified.

MR. JACKSON: You can play any game you want.

MR. KAMPINSKI: No, I'm not.

MR. JACKSON: I think it's a game.

MR. GOLDWASSER: 43 pages including an envelope from Mr. Kampinski's office, and that includes the Scotch taped inside intake sheet plus there is the manilla folder.

MR. KAMPINSKI: Okay, as I understand, you will provide, then, a

legible copy of that to the court reporter to attach to the deposition?

MR. JACKSON: Yes. Now I'd like to ask you again what you say you didn't get here. You said, you identified some documents you didn't receive.

MR. KAMPINSKI: Mr. Jackson, as soon as you have an opportunity to depose me, I would be happy to answer any questions that you have. See, that's the nice thing about litigation.

MR. JACKSON: Is there anything other than --

MR. KAMPINSKI: A really nice thing.

MR. GOLDWASSER: Are we still on the record?

MR. JACKSON: Yes, we are.

MR. KAMPINSKI: It's the doctor that is accountable for his conduct, okay.

MR. JACKSON: Right.

MR. KAMPINSKI: And it's the doctor that I'll ask questions of.

MR. JACKSON: Is there anything other than the phone message?

MR. KAMPINSKI: And I will ask them

at the point in time where I think it's appropriate to ask them.

MR. JACKSON: You raised the issue today, didn't you? Anything other than the phone message and this Ross Laboratory sheet that you say you didn't get?

MR. KAMPINSKI: Write it up and give me a copy.

HURIKADALE P. SUNDARESH, M.D.

CERTIFICATE

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

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

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

Dawn M. Fade, Notary Public, State of Ohio 1750 Midland Building, Cleveland, Ohio 44115
My commission expires October 20, 1992

MERIDIA
HURON
HOSPITAL

Department of Medicine

SCHEDULE FOR THE WEEK OF Monday, February 17, 1992

Medical Grand Rounds, 8 a.m., February 77, 7992

"Non-Invasive Management of Respiratory Insufficiency"

Edward Sivak, M.D.
Consulting Pulmonologist

9:00 a.m. Departmental Meeting

Noon Conferences

Monday, February t7, 1992	Residents' Report Hassan Tahsildar, M.D. Burton West, M.D.
Tuesday, February 18, 1992 7:00 a.m. Auditorium	Geriatric Review Course CME Credit, Category I
Noon	Residents' Report Hassan Tahsildar, M.D. Burton West, M.V.
Wednesday, February 19, 1992	Acute Otitis Media Hurikadale Sundarish, M.D. Consulting Pediatrician
Thursday, February 20, 1992	Non-Pharmacologic Treatment of Migraines Rebecca Finn, MS4 Sinusitis - Diagnosis arid Treatment Steven Magoline, MS4
Friday, February 21, 1992	Staphylococcal Infections Hansa Medley, M.D.

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NEXT WEEK'S **GRAND** ROUNDS, MONDAY, FEBRUARY 24, 1992, 8:00 a.m.:

"SELECTIVE MILESTONES IN PLASTIC SURGERY"	Clifford Vogt, M.D. Plastic Surgeon

REMINDER: GERIATRICS REVIEW COURSE TUESDAYS AT 7:00 a.m.
(Worth 18 CME Credits, Category 1)

CME credit, Category 1, is granted by Meridia Huron Hospital for Medical Grand Rounds and for the Geriatric Review Course.

13951 Terrace Road
Cleveland, Ohio 44112
(216) 761-3300

TORBENSON MEDICAL ASSOCIATES, INC
1883 TORBENSON DRIVE - CLEVELAND OH 44112 - PHONE 481-9930

PATIENT NAME STEVENS KAITLIN ~~DOUGLAS W. STEVENS~~ PATIENT BIRTHDAY 3-31-89 SEX: M (F)

MARITAL STATUS: S M D W RACE: WHITE PATIENT AGE:

HOME ADDRESS: 4435 ROYALTON N. ROYALTON OH 44133 TELEPHONE NUMBER: 237-8244
CITY STATE ZIP

PATIENT: EMPLOYER:

ADDRESS : TELEPHONE NUMBER:
STREET CITY STATE ZIP

PERSON RESPONSIBLE FOR PAYMENT OF THE ABOVE PATIENT'S ACCOUNT WITH THIS OFFICE:

NAME: DOUGLAS W. STEVENS RELATIONSHIP TO PATIENT: FATHER

ADDRESS: 4435 ROYALTON RD TELEPHONE NUMBER: 237-8244
STREET

N. ROYALTON OH 44133 BIRTHDAY: 10-14-49
CITY STATE ZIP

EMPLOYER OF RESPONS! PERSON: JOHN W. GALBREATH (W.O. WALKER CTR.)

10524 EUCLID AVE 791-1525
ADDRESS TELEPHONE NUMBER

**SOCIAL SECURITY NUMBER OF THE RESPONSIBLE PERSON: 286-44-7929

How were you referred to Torbenson Medical Assoc, INC. MIDWIVES

WHAT IS THE NAME OF YOUR INSURANCE COMPANY? EQUICOR

WHO IS THE INSURED PERSON OF THIS INSURANCE? DOUGLAS W. STEVENS

WHAT IS THE INSURANCE CERTIFICATE NUMBER OR ADC NUMBER: 67123

WHAT IS YOUR GROUP NAME OR/AND GROUP NUMBER:

By signing this agreement, you agree to pay our current, standard fees and charges for your medical services. We will be happy to discuss our fees for any medical services you receive. Laboratory charges and Rhogam charges ARE NOT included in fees paid to the physicians. The patient is responsible for those charges when not covered by insurance companies. Self-pay patients will be expected to pay for services at the time of the visit, and any bills incured for Lab work will be billed to the patient or to the patient's insurance company. This office will submit to your insurance company any bills for in-office surgical procedures, or in-hospital surgical procedures, or other services in-hospital. If your insurance company does not pay in full for services, you will receive a bill for the balance on your account.

If your insurance will pay for office visits, you should submit your claim personally, we will give you a SUPER BILL, to attach to your form (please ask for this format end of each visit).

By signing this aggreement, you acknowledge that you will pay fees and charges billed to you even though they may exceed the amount paid by your insurance. Any questions about the amount and nature of your insurance benefits should be referred to your insurance company or your employer. VERIFICATION of insurance benefits is usually done through the employer.

ur signature on this form also authorized TORBENSON MEDICAL ASSOC, INC, to release any information in connection with this form as it, in its sole discretion, may deem prop, with the understanding that this form covers the assignment of any benefits doe to this office either from patient or insurance compnay.

SIGNED: Kimberly K. Stevens
4-12-94

4 10Z ~~ZZ~~ 100T34
4 PM23 ~~MCHAMP00049~~
NEW1170341

1129092

DO NOT WRITE IN BLUE SHADED AREAS - DO NOT WRITE ON BARCODE

BIRTHDATE: 03 31 89 MM/DD/YY TIME: 1206 (USE 24 HOUR TIME ONLY) 0436

BABY'S NAME: (last, first) STEVENS INFANT

HOSPITAL PROVIDER NUMBER: 0014028 (MANDATORY)

HOSPITAL NAME: MetROHealth HOSP Women's

MOTHER'S NAME: (last, first, initial) STEVENS KIM

MOTHER'S ID: 926161-1 BABY'S ID: 926162-9

MOTHER'S ADDRESS: 4435 ROYALTON RD

MOTHER'S PHONE: 216 237 8244

SPECIMEN DATE: 03 31 89 MM/DD/YY TIME: 1500 (USE 24 HOUR TIME ONLY)

PHYSICIAN NAME: ~~GILLARD~~ H. Sundaresh. 1883 Torbenson

PHYSICIAN ADDRESS: ~~7441 W RIDGEWOOD DR~~ Cleve.

CITY: ~~PARMA~~ OHIO ZIP: ~~44134~~ 44112

PHYSICIAN PHONE NUMBER: ~~216 886 0830~~

PHYSICIAN PROVIDER NUMBER: 481-9916 (MANDATORY)

PHYS. COPY 342 & 353

ODH ONLY: ☐ SPECIAL: 587 M

TEST RESULTS:

- ☐ SCREENING TEST NORMAL FOR: PKU, HOM, GAL, HYPOTHYROIDISM
- ☐ SCREENING TEST NORMAL FOR: PKU, AND HOM ONLY
- ☒ SCREENING TEST NORMAL: ☒ PKU ☐ HOM ☒ GAL ☐ HYPOTHYROIDISM
- ☒ SCREENING TESTS ABNORMAL: HOM TSH-62, T4-9.6 mc=>
  SEE FOOTNOTE 4) 2 7 ON BACK
- ☐ SPECIMEN REJECTED FOR REASON:

BABY SEX: ☐ MALE ☒ FEMALE

BIRTH WEIGHT: ____ GRAMS

PREMATURE: ☐ YES ☒ NO

ANTIBIOTICS: ☐ YES ☒ NO

TRANSFUSION: ☐ YES ☒ NO

SPECIMEN: ☒ FIRST ☐ SECOND

SUBMITTOR: ☐ HOSPITAL ☒ PHYSICIAN ☐ HEALTH DEPARTMENT ☐ OTHER: (name below)

HEA 2518

H. P. SUNDARESH, M.D., F.A.A.P.
1883 Torbenson Drive
Cleveland. Ohio 44112
Telephone (216)481-9916

Name KAITLIN STEVENS Birth Date 3-31-89 Date First Seen 4-13-89
Race ..... Sex Female Insurance .....
Hospital ..... Address ..... Phone .....
Obstetrician ..... Address ..... Phone .....
Referred by .....
Father's Name ..... Address ..... Phone .....
Mother's Name ..... Address ..... Phone .....

	Age	Health	FAMILY HISTORY
Mother			Miscarriage ..... Month ..... Cause .....
Father			Tuberculosis ..... TBC Contacts .....
Sibling			Allergy .....
Sibling			Diabetes ..... Convulsive Disease .....
Sibling			Mother's Blood Type O RH pos Baby's Blood Type .....

BIRTH AND DEVELOPMENT

Term ..... Delivery ..... Birth Weight 7#2oz 20"
Condition at Birth ..... Apgar Score .....
Condition 1st Week .....
Feeding ..... Cyanosis .....
Convulsions ..... Jaundice .....
Sat Up ..... Stood ..... Walked ..... Words .....
Short Sentences ..... First Teeth ..... Bladder ..... Bowel .....

FEEDING HISTORY

Breast ✓ Formula ..... Vitamins .....
Soft Food ..... Present Diet ..... Feeding Habits .....
Appetite ..... Likes ..... Dislikes .....
Vomiting ..... Stools ✓ Sensitivity ..... Hives .....

IMMUNIZATION AND SKIN TESTING

	DATE	DATE	DATE	DATE	DATE
OPV	5/25/89	8/10/89	/	9/25/90	
DTP	5/25/89	8/10/89	9/29/89	9/25/90	
MMR	7/9/90				
HbPV (Haemophilus b Polysaccharide Vaccine)	7/9/90				
Tuberculin	12-1-89				
TET-TOX					
Other					

OTHER

ILLNESSES

Pertussis
Measles
Rubella
Mumps
Chickenpox
Scarlet Fever
Diphtheria
Operations
T. and A.
Allergy
Appendix
Glands
Rheumatic Fever
Otitis
Colds
Tonsillitis
Convulsions
Constipation
Diarrhea
Asthma

Name Kaitlin Stivers Birth date 3-31-89

4-13-89 2wks

Height 20 1/4" Weight 7# 4oz Temperature

Head 33.2cm

Eyes clear

Ears

Nose

Mouth

Teeth

Throat

Neck

Chest

Heart

Lungs

Abdomen

Genitalia

Extremities

Skin

Back

Adenopathy

Deep reflexes

Superficial reflexes

Nuchal rigidity

Posture

Development

Nourishment

Blood count

Urinalysis

crusty eyes

trimethoprim 2 ml

Gramoxine eye ops QID

R/O 2nd

4-21-89 524-0380

gramoxine eye gtts not working

Tobrex opth gtts 2-3 gtts q1-2hr qid x 7 days

warm compress tear duct massage

if eye ops persist q1° R/O —KH—

4-27-89 Age 4wks

Ht 20 3/8"

Wt 7#

Hd 33.9cm

N-Ce

R-Tu 4mg R-Tu 4mg

for wk ✓

5-11-89

wt 7# 4oz

Thyroid screening test abnormal T4

Rpt test today

feeding rev wt

for 2 days

the weight gain is not appropriate

Discuss further with follow

5.25.89 age: 2 month

HT: 21 1/8"
WT: 7# 8oz
HD: 35cm

N.C.

DPT & OPV #1

R/T o. inj

6-8-89 Wt. ✓
8# 5 1/2 oz
35.5 Hd
22"

7

T.T. Removed

R/T o 6 mo

8.10.89 age 4 month

24 1/4"
WT 10# 11.0z
HD: 38.cm

N.C.

DPT & OPV #2

Mom complains of Hip Click hip ✓ OK
discuss hip Breathe ☐ for 3 mo
hip ser hip ☐ Reg. Med. Unit

9-29-89 Age 6 mo

Ht 24 7/8"
Wt: 12# 15oz
Hd: 39.2cm

N.C.

DPT #3

R/T 8 mo

12-1-89 Age 8 mo

Ht 26 1/2"
Wt 14# 9oz
Hd 40.6cm

N.C.

RPD

R/T o 2 mo

12-30-89 yellow drng
Nose cough congested

T 97.4 ax

O.R.T

Amoxicillin 125 5 ml T.I.D

R/T o

1-22-90 Age 10mos
Ht: 26 5/8"
Wt: 14#2oz
Hd: 40.8cm

N-Cc

CBC

RTA neg

3-23-90 ~~Age Up~~
Ht: 27.2 cm
Wt: 9.2 kg
Hd: Cont exp. Fluid

Bony exam

TC

Amoxil 125 TID

days

RTO 2 mos

3-24-90 TC + Group A Beta Strep
Mom notified

4-10-90 Age Up
Ht: 27"
Wt: 15#6oz CARV
Hd: 41.5cm

N-Cc

Bony Exam

4-12-90 Fluid yellow/grey from nose irritable T 98.6 ax

O-R-I

TC

Amoxil 125 TID

days

RTO PRN

4-13-90 T.C + Group A Beta Strep
Mom notified CB

Kaitlin Stevens

6-8-90 eyes red
crusty bubbles
cough runny nose
headache leg
T 96.1 ax

Lung & Chest
Tc
Amoxil 125 TID x 10 days
Ophthalmic eye ointment
OU
TID x 5 days

6/[illegible]90.
[illegible]
k.

6/[illegible] [illegible] Steves MD

(+) T.C.

6-25-90 Fever
vomiting
not eating Wt. 11 lb 2 oz.
T 98.8 ax

C.R.I
C&R PA & lateral
Tc
Amoxil 125 TID x 10 days

6-26-90 TC neg

7-9-90 Dg 15 mo
Ht. 28"
Wt. 16 lb 3 oz
HC. 42.4 cm

H.C.
M.M.R.
Prothiaz

9-25-90 Age 18 mos
Ht. 28 1/8"
Wt. 17# 12oz
HC. 42.5cm

W-C

Bactrim susp. 4 1 ml

RTO 6 mo

10-30-90 C/O round sore under chin - not helped by hydrocortisone

Tinea Corporis

Ketoconazole cream 1-2 D

BID

x 2 mo

RTO PRN

12-24-90
Fever
C. nasal drng
T 99.2 ax

URI

AC

Bactrim DS 1 tsp BID
x 10 days

12-26-90 T.C + Group A Beta Strep. Mom notified. Mom to have T.C done @ Urgent Care.

1/21/91
Cold & yellow drainage
wants Rx c Bactrim
DS - 1 tsp BID

1/31/91 copy of chart to patient mom

TORBENSON RADIOLOGY

REQUEST FOR **X-RAY CONSULTATION**

1883 Torbenson Drive
Cleveland, Ohio **44112**
216-486-9692
216-692-3500 Ext. 445

LMP	X-Ray No.
	90-690

RELEVANT CLINICAL DATA

KAITLIN STEVENS (Douglas)
First Name *Last Name*

Address / /

City 237-8244 *State* *Zip*

Telephone /

Insurance Co. *Policy #* /

Group # *Relationship to Policyholder*

Date 6-25-90 **H. SUNDARESH** MD

PT TRANSPORT	PT TO BE SHIELDED	DATE TO BE DONE	BIRTHDATE	S.S. NUMBER
☐ AMB ☐ CHAIR ☐ BED/INCUBATOR	☐ YES ☐ NO	6-25-90	3-31-89	

EXAMREQUESTED	CODE NO.	NOTES	8x10	9x9	10x12	14x17	EXAM	TECH NOTES
☒ CHEST, PA & LAT OR PORT	71020							
☐ IVP	74400							
☐ BE	74270							
☐ MAMMOGRAPHY	76091							
☐ FETAL AGE/OBSTETRIC	76805							
☐ PELVIS ULTRASOUND	76805							
☐ GALLBLADDER	76707							
☐ ADBOMEN	76700							

X-RAY REPORT

CHEST:

Frontal and lateral view reveals normal cardiac size. There is no active infiltrate, vascular congestion or pleural effusion.

B.P. PATEL, M.D.

BPP/an

Genetics Center

LABORATORIES
RAINBOW BABIES AND CHILDRENS HOSPITAL
UNIVERSITY HOSPITALS OF CLEVELAND
2058 ABINGTON ROAD ROOM 152
CLEVELAND, OHIO 44106-5000
(216) 844-3936

ALPHA-FETOPROTEIN LABORATORY
LOIS H. DICKERMAN, Ph. D., DIRECTOR

CYTOGENETICS LABORATORY
WENDY L. GOLDEN, Ph. D., DIRECTOR

CHROMOSOME ANALYSIS

****

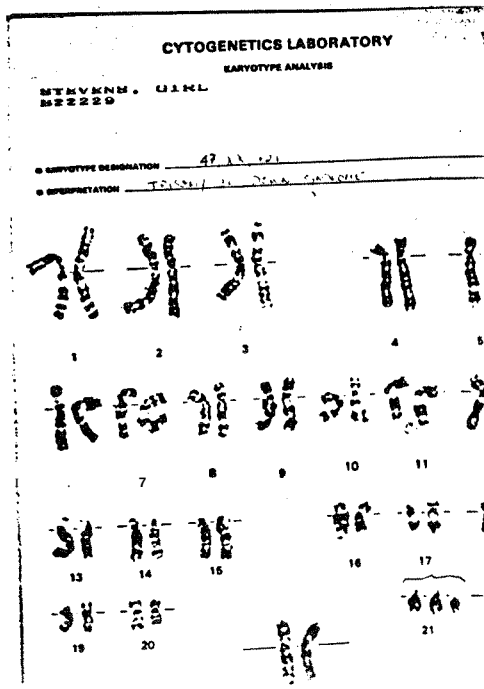
PATIENT:	STEVENS, GIRL	SPECNO.:	B22229
FAMILY#:	CE89081611	LABNO.:	22229
DOB:	03/31/89	PRELIM:	04/05/89
INTAKE:	03/31/89	FINAL:	04/10/89
REASON:	Q.TRI21	SPECTYPE:	Blood

********** RESULTS **********

MODAL NO. OF CHROMOSOMES:	47	Nu. OF CELLS EXAMINED:	21
STAINING METHOD:	G,Q	NO. OF HYPOMODAL CELLS:	0
RESOLUTION (MEAN):	475 BANDS	Nu" OF HYPERMODAL CELLS:	0
		NO. OF KARYOTYPES:	2 OR MORE

KARYOTYPE DESIGNATION: 47,XX,+21

All cells examined contained three copies of chromosome 21. This chromosome complement is consistent with a clinical diagnosis of trisomy 21 (Down Syndrome).
We recommend the parents be referred for genetic counseling to obtain additional information about Down Syndrome, its causes and associated risks.



AUTHORIZED BY:

REFERRED BY:

SHAILAJA SUNDARESH
1883 TORBENSON DR #200
CLEVELAND, OH 44112

T4 89094 H35 TSH 137T43

15/15 METH SPECIAL

1170341

DO NOT WRITE IN BLUE SHADED AREAS DO NOT WRITE ON BARCODE

BIRTHDATE: 03 31 89 MM/DD/YY TIME: 1206 (USE 24 HOUR TIME ONLY)

BABY'S NAME: (last, first) STEVENS

HOSPITAL PROVIDER NUMBER: 0014022 (MANDATORY) 13513

HOSPITAL NAME: [redacted] ME ROHEALTH (BOOTH)

MOTHER'S NAME: (last, first, initial) STEVENS KIM

MOTHER'S ID: 267 61 - [redacted] BABY'S ID: 926162-9

MOTHER'S ADDRESS: 4435 ROYALTON RD

MOTHER'S PHONE: 216 237 8244

SPECIMEN DATE: 05 11 89 MM/DD/YY TIME: 1258 (USE 24 HOUR TIME ONLY)

PHYSICIAN NAME: [redacted] JOHN MOORE H

PHYSICIAN ADDRESS: [redacted]

CITY: CLEVELAND OHIO ZIP: [redacted]

PHYSICIAN PHONE NUMBER: 216 [redacted]

PHYSICIAN PROVIDER NUMBER: 0301008 (MANDATORY)

ODH ONLY: ☒ SPECIAL: T4, TSH, HOM

TEST RESULTS:

- ☐ SCREENING TEST NORMAL FOR: PKU, HOM, GAL, HYPOTHYROIDISM
- ☐ SCREENING TEST NORMAL FOR: PKU, AND HOM ONLY
- ☒ SCREENING TEST NORMAL: ☐ PKU ☒ HOM ☒ HYPOTHYROIDISM TSH
- ☐ SCREENING TESTS ABNORMAL
- ☐ SEE FOOTNOTE
- ☐ SPECIMEN REJECTED

BABY SEX: [redacted]

BIRTH WEIGHT: 3[redacted]

PREMATURE: [redacted]

ANTIBIOTICS: [redacted]

TRANSFUSION: [redacted]

SPECIMEN: ☐ FIRST [redacted]

SUBMITTOR: ☐ HOSPITAL ☐ PHYSICIAN ☐ HEALTH DEPARTMENT ☐ OTHER: (name below)

PHYS copy Diagnosed trisomy 21

HEA 2518

Genetics Center

LABORATORIES
RAINBOW BABIES AND CHILDRENS HOSPITAL
UNIVERSITY HOSPITALS OF CLEVELAND
2058 ABINGTON ROAD ROOM 152
CLEVELAND, OHIO 44106-5000
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ALPHA-FETOPROTEIN LABORATORY
LOIS H. DICKERMAN, Ph. D., DIRECTOR

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WENDY L. GOLDEN, Ph. D., DIRECTOR

CHROMOSOME ANALYSIS

****

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FAMILY#:	CE89081611	LABNO.:	22229
DOB:	03/31/89	PRELIM:	04/05/89
INTAKE:	03/31/89	FINAL:	04/10/89
REASON:	Q.TRI21	SPECTYPE:	Blood

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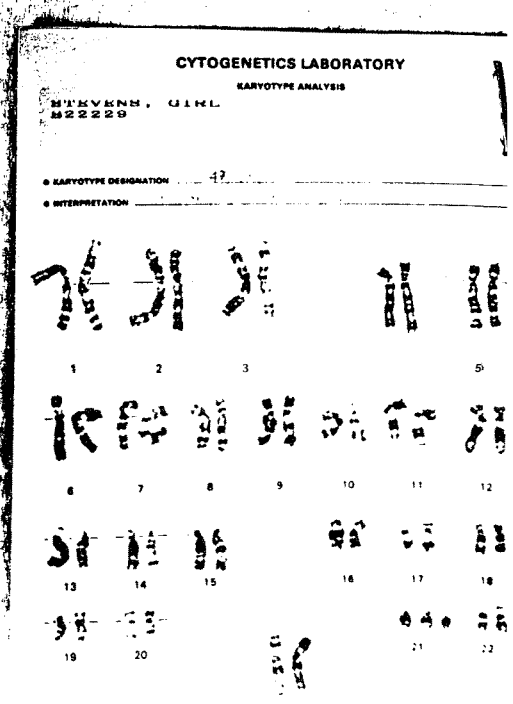

CYTOGENETICS LABORATORY
KARYOTYPE ANALYSIS
B22229
KARYOTYPE DESIGNATION 47
INTERPRETATION

AUTHORIZED BY:

WLGolden

REFERRED BY:

SHAILAJA SUNDARESH
1883 TORBENSON DR #200
CLEVELAND, OH 44112

RECORDS RELEASE AUTHORIZATION

TO: Dr. H. Sundaresh
DOCTOR OR HOSPITAL

1883 Jefferson Dr.
ADDRESS

Sent 6/12/91 cm

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

KIDS IN THE SUN
8865 BRECKSVILLE RD.
BRECKSVILLE, OH 44141

TELEPHONE 526-8222

THE COMPLETE HISTORY RECORDS IN YOUR POSSESSION, CONCERNING MY ILLNESS AND/OR TREATMENT DURING THE PERIOD FROM 3-31-89 TO present

NAME DEREK & KAITLIN STEVENS DATE

ADDRESS 4435 ROYALTON RD

SIGNATURE Kimberly B. Stevens WITNESS

(IF RELATIVE, STATE RELATIONSHIP) (mother)

IMPORTANT MESSAGE

FOR Dr. H

DATE _____ TIME _____ A.M. P.M.

M STEVENS

OF _____

PHONE AREA CODE 237-8244 NUMBER EXTENSION

TELEPHONED		PLEASE CALL	✓
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE KAY

88 4619

SIGNED _____

UTHO IN USA.

TOPS FORM 3002S

Rainbow Babies & Childrens Hospital
University Hospitals of Cleveland
2074 Abington Road
Cleveland, Ohio 44106
216-844-1000

Lakeside Hospi.
Rainbow Babies & Childrens Hospital
MacDonald Hospital for Women
Leonard C Hanna House
Howard M. Hanna Pavilion
George M. Humphrey Building
Robert H. Bishop Building
Abington House
Wearn Medical Research Laboratories
Harry J. Bolwell Health Center
University Hospitals Health Center/East
University Suburban Health Center

Rainbow Babies and Childrens Hospital
2074 ABINGTON ROAD
CLEVELAND OHIO 44106

William T. Dahms, M.D.
Douglas S. Kerr, M.D.
Ruth P. **Owens**, M.D.
Anton Usala, M.D.
Isaiah Wexler, M.D.

PEDIATRIC ENDOCRINOLOGY METABOUSM
(216) 844-3661

June **15, 1989**

Mr. and Mrs. Douglas Stevens
4435 Royalton Road
North Royalton, OH 44133

RE: Kaitlin

Dear Mr. and Mrs. Stevens:

According to the reports that we have back, Kaitlin's blood counts on June **5** were perfect **--** her hematocrit of **41** being remarkably good when she has a rather pale appearance. That should be very good news to you. Her thyroid tests were also fine* -- which should be excellent news, given that she has Down syndrome and hyper- and hypothyroidism may both occur frequently in children with this condition. However, they rarely show up early but it will be a good idea if we would check her every year* just to find out if there's any indication that it could be developing. Dr. Sundaresh can do that by checking a **T3** RIA, **A T4** and TSH.

In addition, let's keep track of how she is growing, and you can best do that by measuring her at home about every 2 months. You can forward those measurements to Dr. Sundaresh, but I would appreciate it if you sent me a copy as well. Her brother will like to send his measurements also just to make sure he is getting equal time.

It was such good news to see that she had reached **8** pounds and **55** 1/2 cm in length. Keep up the good work. It was good to meet you.

* If anything a little high
* I'd suggest a repeat test in one month to Kaitlin has adjusted to our infant ranges after birth.

Sincerely,

Ruth P. Owens, M.D.
Pediatric Endocrinology

RPO/ol

cc: H. Sundaresh, M.D., **1883** Torbenson, Cleveland, **OH** 44112

1883 TORBENSON DR.
CLEVELAND , OH 44112

SOUTHGATE
MEDICAL LABORATORY SYSTEM

(216) 581-1030
1-800-362-8913 (Ohio)
1-800-338-0166 (Outside Oh

PATIENT NAME	SEX	AGE	BILLING RECIPIENT	PATIENT I.D.	PATIENT SUMMARY REPORT
STEVENS, KAITLIN	F	9M	INSURANCE		FINAL

06399

HURIKADALE SUNDARESH, M.D.
ROOM 202
1883 TORBENSON DRIVE
CLEVELAND OH 44112

REFERRING PHYSICIAN	ACCESSION NUMBER	PAGE
SUNDARESH	8840833	1 E

DATE & TIME COLLECTED	DATE & TIME RECEIVED	REPORT DATE & TIME
1/22/90	1/22/90 1242PM	1/22/90 0800PM

TEST CODE	TEST DESCRIPTION	ABNORMAL	RESULTS / UNITS	NORMAL RANGE LOW	NORMAL RANGE HIGH	LAB NUMB
	~~HEMOGLOBIN~~	~~+~~	~~15.3 GRAMS/DL~~	~~10.0~~	~~14.0~~	
	MEAN CORPUSCULAR VOLUME	-	86 CUBIC MCG	87	100	
50393	COMPLETE BLOOD COUNT					
	WHITE BLOOD CELL COUNT		10.0 THOUS/CU MM	5.0	12.0	01
	~~RED BLOOD CELL COUNT~~		~~5.11 MILL./CU MM~~	~~3.80~~	~~5.40~~	
	HEMOGLOBIN	+	15.3 GRAMS/DL	10.0	14.0	
	HEMATOCRIT		44.3 %	30.0	50.0	
	MEAN CORPUSCULAR VOLUME	-	86 CUBIC MCG	87	100	
	MEAN CORPUSCULAR HGB		29.9 UU GM	25.0	35.0	
	MEAN CORP. HGB. CONCEN.		34.5 %	27.0	35.0	

** END OF REPORT **

(+) RESULT IS ABOVE HIGH NORMAL VALUE

LABORATORY DIRECTOR(S) TARULATA PATEL, M.D. 53

LAB NUMBER INDICATES LABORATORY WHERE TEST PERFORMED

#1 Southgate Medical Lab
21100 Southgate Pk. Blvd.
Maple Hts., OH 44137
Medicare #36-8101

#50 TORRENSON LABORATORY
MEDICARE #360061

2074 Abington Road
Cleveland, Ohio 44106
216-844-1000

RainbowBabies and ChildrensHospital

August 10, 1990

Dr. Hurikadale Sundaresh
1863 Torbenson Dr.
Cleveland, OH 44112

Dear Dr. Sundaresh:

I saw your patient, Kaitlin Stevens, in Down's Syndrome Clinic on July 19, 1990. I am enclosing a copy of my clinic notes for your records. I would suggest to you that we check the thyroid function and a CBC at some point within the next few month's. I am pleased that she is getting her hearing checked. 1 would strongly suggest that we do an EKG on her for baseline purposes.

Thank you very much for allowing me to see this patient.

Sincerely,

Joanne C. Mortimer, M.D.
Director, Birth Defects Center

JM/ajp

enc1osure

DOWN SYNDROME CLINIC
PATIENT: KAITLIN STEVENS
DATE OF VISIT: 7/19/90

Kaitlin is a 15 month old white female with Down's Syndrome. She was born at Booth Hospital weighing 7 lbs. 2 ozs. to a gravida II, para 2 . She has a brother named Derrick and two half-siblings who are aged 16 and 14. According to her mother, there was an increased alphafetaprotein on testing during the pregnancy. She also had a twin who expired at 5 weeks gestation.

Initially, she had poor weight gain and failure to thrive. Her mother was feeding her every two hour's and she was sleeping through the night. She was seen by Dr. Owens and the failure to thrive gradually resolved. She has no heart or GI problems. Her shots are up-to-date. She is currently in a play group at MRDD. From a developmental standpoint, she is doing weil for a child with Down's Syndrome of her age. She sat without support at 9½ months. She is feeding herself with her fingers since the age of 1 and she transfers from hand-to-hand. She does not yet creep or crawl.

She is to have her hearing tested in two week's at RBEC.

On physical exam, her height is 70 cm., which is at the 25th percentile for age for a child with Down's Syndrome and her weight is approximately 7 kg. which is between the 30th and the 25th percentile for a child with Down's Syndrome of her age. She has a loud P_2 with a soft grade 1/11 systolic murmur. She has no hepatospleenornegaly. Her skin does appear pale and motiled with a slight grayish tinge. Her lungs are clear. She has what feels like ligamentous topping '"popping" on the left but no evidence during my exam of dislocated hip.

Assessment: Kaitlin appears to be doing well. She does need to have her thyroid checked yearly (it was last checked by Dr, Owens when she was about 3-4 months of age). She also needs to have her hearing followed on a yearly basis but this also has been scheduled. I would also suggest that a baseline EKG be obtained and I have asked Mrs. Stevens to contact my office to try to arrange this at the same time as her hearing screen.

Joanne C. Mortimer, M.D.

cc: Dr. H. Sundaresh

Transcribed 8/10/90

UNIVERSITY CARDIOTHORACIC SURGEONS, INC.
UNIVERSITY HOSPITALS
2074 ABINGTON ROAD
CLEVELAND, OHIO 44106

Alexander S. Geha, M.D.
Daniel W. van Heeckeren, M.D.
Julie A. Clayman, M.D.
Norman J. Snow, M.D.
Michael L. Spector. M.D.
Jack Hsu, M.D.
Altagracia M. Chavez, M.D.

December 12, 1990

844-3051
844-3053
844-3056
459-5461
844-3058
844-3057
459-4304
AREA CODE **216**

Fouad Butto, M.D.
2074 Abington Road
Cleveland, OH 44106

Re: Kaitlin Stevens

Dear Fouad:

Kaitlin Stevens was discharged from Rainbow Babies and Childrens Hospital on December 10, 1990, four days following ligation of ductus arteriosus and biopsy of the left lower lobe. A copy of the operative report is enclosed, as is a copy of the pathology report,

Kaitlin's post-operative convalescence was very unremarkable. Not surprisingly but very disappointingly, the histology was one of advanced pulmonary vascular obstructive disease with plexiform lesions seen. The concensus at Cath Conference was that the patient was clearly inoperable and that further invasive diagnostic tests would not be fruitful. I know the family will need much support in dealing with this, We have asked to see Kaitlin in four weeks for routine surgical follow-up.

Sincerely yours,

Daniel W, van Heeckeren, M.D.

DWvH:mam
cc: Dr. Sundaresh

RPT:OP

University Hospitals of Cleveland

PATIENT NAME: STEVENS, KAITLIN
HOSPITAL NO.: #:1483=545
DATE OF SURGERY: 12/6/90
DIVISION: PIC
CC: LEE, DR. JAI
CC: VANHEECKEREN, DR. D.

PREOPERATIVE DIAGNOSIS:	VENTRICULAR SEPTAL DEFECT AND PATENT DUCTUS ARTERIOSUS.
POSTOPERATIVE DIAGNOSIS:	VENTRICULAR SEPTAL DEFECT AND PATENT DUCTUS ARTERIOSUS.
OPERATION:	PATENT DUCTUS ARTERIOSUS LIGATION AND OPEN LUNG BIOPSY.
SURGEON:	DR. D. VANHEECKEREN
ASSISTANT SURGEON:	Mi. JAI LEE D. WEST, R.N.
ANESTHESIA:	GENERAL ENDOTRACHEAL.

CLINICAL NOTE:
This patient is a 20 month old infant with Down's syndrome who has Eisenmenger syndrome secondary to a ventricular septal defect and a patent ductus arteriosus. The patient was referred for ligation of the patent ductus arteriosus as well as an open lung biopsy to determine the degree of pulmonary hypertension.

OPERATIVE NOTE:
In the supine position following placement of an intravenous line and an arterial catheter, the patient underwent satisfactory general endotracheal anesthesia. The patient was then placed on the side and the left chest wall prepared with Betadine and draped in a sterile fashion. Standard posterolateral thoracotomy incision was made and the pleural cavity entered via the bed of the nonresected fourth rib. Mediastinal pleura overlying the aorta was incised, the subclavian artery, the descending aorta and the transverse arch was identified. The ductus which was equal to the diameter of the transverse arch was identified and sharply dissected free and ligated with #0 silk sutures in double fashion. The recurrent laryngeal nerve was identified and kept medial to the dissection. The posterior segment of the left lower lobe was then taken out using a TA50 stapler and the specimen sent for pathology. The lung was allowed to re-expand. The ribs were approximated with #0 Vicryl sutures. Soft tissues were approximated with three layers of running Vicryls. The patient tolerated the procedure well and was extubated and taken to the surgical intensive care unit in satisfactory condition.

PHYSICIAN SIGNATURE

Dr. Jai Lee for Dr. D. vanHeeckeren
12/6/90/MRC#30/12/7/90
1304/UH 208-700

PHYSICIAN COPY

2074 Abington Road
Cleveland, Ohio 44106
216-844-1000

Rainbow Babies and Childrens Hospital

January 16, 1991

Dr. Sundaresh
1883 Torbensen Dr.
Cleveland, Ohio 44122

Re: Kaitlin Stevens
UH #1483-545
Dictated 01/08/91

Dear Dr. Sundaresh:

I had the pleasure to see your patient, Kaitlin Stevens, at the Pediatric Cardiology Outpatient Clinic on January 8, 1991. As you know, Kaitlin is a 21-month-old white female with Down's Syndrome who was diagnosed approximately six weeks ago as suffering from complete AV canal and severe pulmonary hypertension. At heart catheterization the pulmonary pressure did not drop after challenge with 100% oxygen or Nipride or Tolazoline but the pulmonary resistance appear to respond partly to these manuevers. She underwent PDA ligation and lung biopsy which unfortunately showed an advanced degree of pulmonary vascular disease with plexiform lesions (between stage 4 and 5). She was discussed at our joint Pediatric Cardiology Conference and the concensus was that she is unfortunately inoperable because of her advanced pulmonary vascular disease. She is doing pretty well since she was discharged home. There is no history of dyspnea or cyanosis on feeds or crying.

On examination, Kaitlin is a healthy looking 21 month-old white female with all features of Down's Syndrome. She is no respiratory distress. Her weight is 8.9 kg. Height is 28 cm. Her blood pressure is 109/66. Pulse 117 per minutes, regular. Lungs are clear to auscultation. The precordium is quite with mild right posternal heave. The first heart sound is normal. The second heart sound is physiologically split with very extensive pulmonic component. Grade I/IV short holosystolic murmur was heard at the apex. No diastolic murmur was heard. There is no hepatosplenomegaly. Peripheral pulses are full and equal in the upper and lower extremities. ECG showed sinus rhythm 100 per minute. Axis -50. Severe RVH.

My impression is still that Kaitlin is unfortunately inoperable because of her advanced pulmonary vascular disease. I do not expect any significant deterioration in the near future. I would like to see her back in the Clinic in six months.

Thank you very much for allowing us to participate in Kaitlin's care with you. If you have further questions, please do not hesitate to contact us.

Sincerely,

Fouad Butto

Fouad Butto, M.D.
Pediatric Cardiology

fb/kc
stevens.010891

28

UNIVERSITY HOSPITALS OF CLEVELAND

Rainbow Babies and Childrens Hospital
Pediatric Audiology

CLINICAL SUMMARY

☐ Inpatient ☑ Outpatient

SEVENS, Kaitlin 1483-545

DOB: 3/31/89 7/30/90

HISTORY

Kaitlin Stevens was referred for children's audiological evaluation by Joanne Mortimer, M.D. Today's tests were ordered to rule out hearing loss secondary to Down's Syndrome. Kaitlin was accompanied today by her mother who reports a personal impression of uncertainty regarding her hearing sensitivity, in that auditory responses are inconsistent. There is a history of otitis media which has been treated with antibiotics. Presently, Kaitlin is enrolled in a play group through the Cuyahoga County Board of Mental Retardation.

AUDIOLOGICAL RESULTS

Visual reinforcement audiometry procedures were implemented with good test reliability. Minimal response levels were obtained to warble tone and narrow band noise stimuli presented in the sound field, under headphones, and via bone conduction at age appropriate levels. Specifically, responses ranged from 20-35 dB HL for 250-4000 Hz, with no evidence of conductive overlay. Speech awareness thresholds were also obtained at normal levels of 15 and 5 dB HL for the right and left ears respectively, and 10 dB HL when stimulating in the sound field.

Objective immittance testing revealed normal Type A tympanograms bilaterally in conjunction with normal middle ear pressure and tympanic membrane compliance. Acoustic stapedial reflexes were present at normal screening levels of 90 dB SPL for both ear5 under ipsilateral stimulation for all frequencies tested.

IMPRESSION

Normal peripheral hearing sensitivity with normal middle ear function bilaterally.

RECOMMENDATIONS

These findings were fully discussed with the mother, and the following recommendation was made: Return for children's audiological reevaluation in six months to monitor (reminder postcard filed),

SP - 1809 2/88

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

28

UNIVERSITY HOSPITALS OF CLEVELAND

Rainbow Babies and Childrens Hospital
Pediatric Audiology

CLINICAL SUMMARY

☐ Inpatient ☒ Outpatient

STEVENS, Kaitlin 1483-545

DOB: 3/31/89 7/30/90

Cynthia Joseph, M.A., CCC-A
Audiologist

CJ:rah

cc: Joanne Mortimer, M.D.
Dr. H. Sundaresh
Cuy Cty Board of Mental Retardation
Attn: Bonnie Miller
Hospital Chart

28A

UNIVERSITY HOSPITALS OF CLEVELAND
Rainbow Babies and Childrens Hospital
Pediatric Audiology

AUDIOLOGIC RECORD

☐ Inpatient ☒ Outpatient

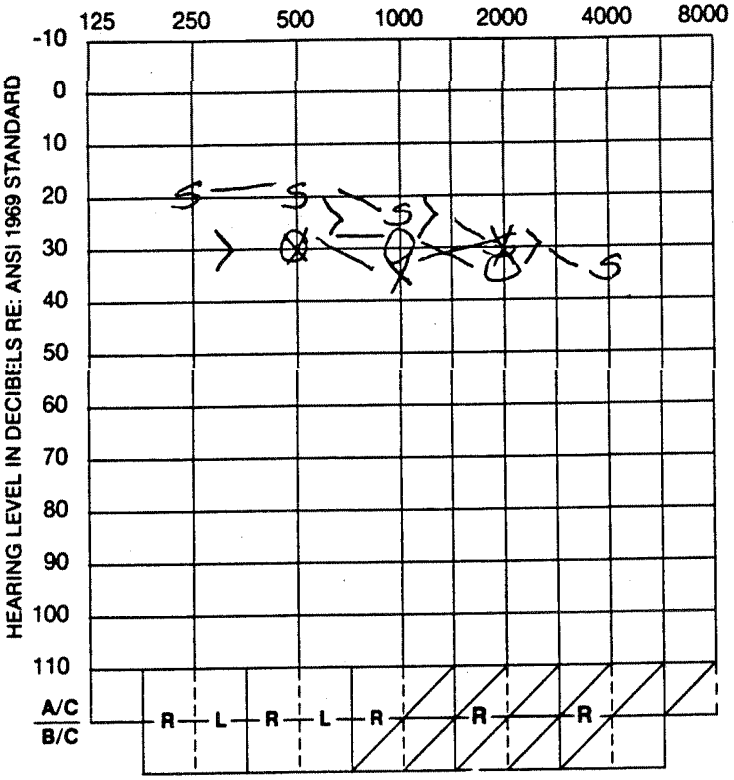
1483545
DOB 3/31/89

NAME: Kaitlin Stiens

DATE 7/30/90 EXAMINER Joseph

AUDIOGRAM

FREQUENCY IN Hz



KEY

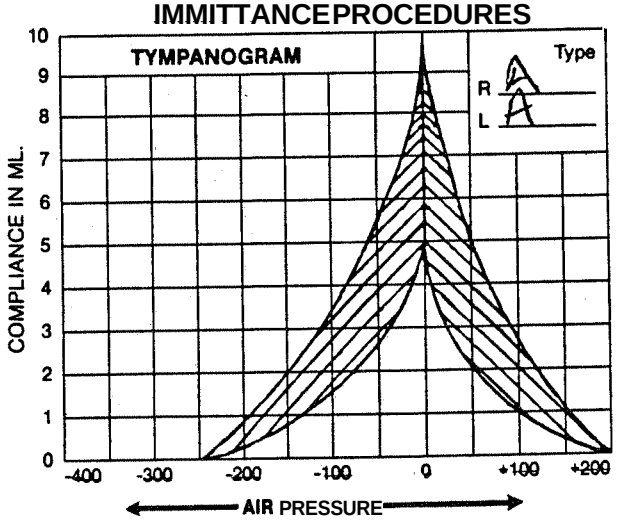
Reliability: Good
Audiometer: GSI 16
Technique: VRA
PB Test:

MODALITY		LEFT	RIGHT
AIR CONDUCTION	UNMASKED	X	O
	MASKED	□	△
BONE CONDUCTION	UNMASKED	>	<
	MASKED	[	]
AIR CONDUCTION SOUND FIELD		$	

ABBREVIATIONS

AC	-	Air Conduction
BC	-	Bone Conduction
CNT	-	Could Not Test
DNT	-	Did Not Test
EM	-	Effective Masking re: 0 dB HL
FA	-	Fletcher Average
HL	-	Hearing Level
MLV	-	Monitored Live Voice
NL	-	Normal
NR	-	No Response
PB%	-	Discrimination Score
PTA	-	Pure Tone Average
SAT	-	Speech Awareness Threshold
SF	-	Sound Field Presentation
SL	-	Sensation Level
SPL	-	Sound Pressure Level
SRT	-	Speech Reception Threshold
VIB	-	Vibrotactile Response

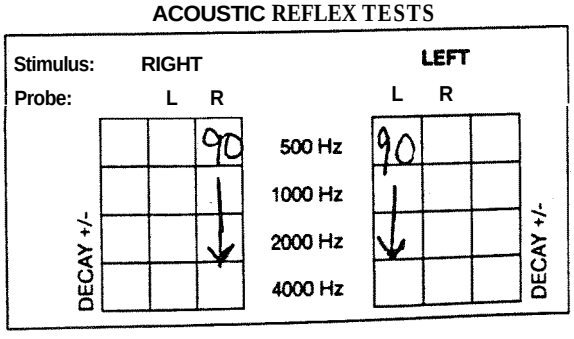
IMMITTANCE PROCEDURES



SPEECH AUDIOMETRY

TAPE ☐ MLV ☒	PTA	SRT	SAT	dB PB%	dB PB%
R			15		
opposite ear masking					
L			5		
opposite ear masking					
sound field			10		

ACOUSTIC REFLEX TESTS



REMARKS:

SUMMARY:

DIFFERENTIAL IMMITTANCE MEASURES

	R	L
Probe Ear		
Peak Pressure in da Pa	-10	-75
Static Compliance in ml. (NL: .30 to 1.75)	.3	.3
Equivalent Canal Vol. in ml.	.3	.3

SP-1810 (2/88)

UNIVERSITY CARDIOTHORACIC SURGEONS, INC.
UNIVERSITY HOSPITALS
2074 ABINGTON ROAD
CLEVELAND. OHIO 44106

Alexander S. Geha. M.D.
Daniel W. van Heeckeren. M.D
Julie A. Clayman, M.D.
Norman J. Snow, M.D.
Michael L. Spector, M.D.
Jack Hsu, M.D.
Altagracia M. Chavez, M.D.

844-3051
844-3053
844-3056
459-5461
844-3058
844-3057
459-4304
AREA CODE 216

January 9, 1991

Fouad Butto, M.D.
2074 Abington Road
Cleveland, OH 44106

Re: Kaitlin Stevens

Dear Fouad:

Kaitlin Stevens, accompanied by her mother and older sibling, was seen on January 8, 1991 in five week follow-up of an open lung biopsy and ligation of ductus arteriosus. Kaitlin has recovered very well from her surgery. On examination today the lungs aerate well. She has a soft systolic ejection murmur over the precordium, and the wounds are well healed. Chest x-ray shows a normal cardiac silhouette and clear lung fields.

Kaitlin's recovery from her surgical procedure is coming along very satisfactorily. I have no recommendations for change in her management, know that you will be following her closely, and I have discharged her from surgical follow-up.

Sincerely yours,

Daniel W. van Heeckeren, M.D.

DWvH:mam
CC: Dr. Sundaresh

-- FINAL -- Surg. No. 9018419 Hosp : R1483-545 Name : STE**

UNIVERSITY HOSPITALS OF CLEVELAND

SURGICAL PATHOLOGY REPORT

Surg.Path.No.: S90-18419 Type: Std.

Date of Procedure: 12/06/90
Date Received: 12/06/90
Date of Birth: 03/31/89
Date Reported: 12/11/90

Name: STEVENS, KAITLIN Age: 1-F Patient ID: R1483-545

Surgeon: DR. VAN HEECKEREN #P Div.: B&C2W /000.1

Clinical Diagnosis: PATENT-DUCTUS ARTERIOSIS

Specimen: 1/LUNG BIOPSY
^^

Gross Examination:
Robert McCoy M.D. (30)
(mm)

Received in formalin, labelled lung biopsy, is a wedge-shaped piece of lung tissue measuring 2.5 cm. in length by 0.4 x 0.4 cm. The specimen appears to be tan-yellow and spongy with two small punctate areas of hemorrhage.

Embedded entirely.

Summary of sections by cassette:

Spec.#	Label	Site	Pieces
	1		3

DIAGNOSIS:

Lung tissue: Pulmonary hypertensive vascular disease with plexiform lesions (Heath-Edwards grade IV).

Senior Pathologist: Beverly Dahms, M.D. (04)
(jm)
]]

SNOMED: T28000/F71020

CUYAHOGA COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

1050 Terminal Tower, Fifty Public Square

Cleveland, Ohio 44113

AUTHORIZATION FOR RELEASE OF INFORMATION - "INCOMING"

Name of Agency: Dr. H. Sundaresan

Address; 1383 Telegraph Rd.
Cleveland 44112

You are hereby authorized and requested to release the following information

(✓) All available information

( ) Psychological reports

( ) Medical reports

( ) Educational reports

( ) Other_____

from your records regarding Kaitlin Stevens
(client's name)

3.31.89
(birth date)

to the Cuyahoga County Board of Mental Retardation and Developmental Disabilities for the purpose of ( ) admission to the program ( ) providing the appropriate program and services.

Kimberly L. Stevens
(signature)

mother
(relationship if not client)

7.19.96
(date)

Beverly L. Nicol
(agency representative)

This document is valid until 90 days of date of signature.

JRB/clj
Rev. 10/16/84

CUYAHOGA COUNTY BOARD of MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES
1050 Terminal Tower • Fifty Public Square • Cleveland. Ohio 44113-2286 • (216) 241-8230

8.10.98

Dr. H. Sundaresh
1883 Torbenson Dr.
Cleveland, Oh. 44112

RE: Kaitlin Stevens
D.O.B.: 3.31.89

Dear Dr. Sundaresh

Enclosed please find an authorization for release of information signed by the above named child's parent. At this time we are in the process of gathering background information. This information will aid us in providing appropriate services. If you have any questions, please feel free to contact me at 835-8888.

Please address your response to:

Cuyahoga County Board of Mental Retardation
24211 Center Ridge Road
Cleveland, Ohio *44145*
Attn: Bonnie Miller

Thank you for your time and consideration regarding this request.

Sincerely,

Bonnie

Bonnie Miller
Early Childhood Specialist

UNIVERSITY HOSPITALS OF CLEVELAND
RAINBOW BABIES AND CHILDREN'S HOSPITAL
PEDIATRIC CARDIOLOGY
CARDIAC CATHETERIZATION REPORT

Date: 11-28-90

Name: Stevens, Kaitlin   Age: 20 mos. BD: 3/31/89 Sex: F

EPS No: UH-Unit# 1483-545   Division: 6W

Cath. No. 5456   Ht: 72.5 cm   Wt 8.74 kg.   BSA: 0.40

Registry#

Ref. Pediatrician: H. Sundaresh, M.D.   Ref. Cardiologist:

Pre:
Hgb(.gm%): 15.0
Hct.(%) 47.0

Premed:			
Demerol	9 mg.	Phenobarbitol	
Thorazine	9 mg.	Vistaril	
Phenergan	9 mg.	Valium	
Ketamine		Morphine	

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

TYPE OF STUDY

1. [] Antegrade left
2. [] Antegrade right
3. [] Retrograde left
4. [] Transeptal
5. [] Balloon angioplasty/valvuloplasty
6. [] Biopsy [] a. right
   [] b. left
7. [] Pericardiocenthesis
8. [] Embolization
9. [] EPS - partial
10. [] EPS - Complete
11. [] EPS - combined with hemodynamics
12. [] Transesophageal pacing
13. [] Temporary pacing
14. [] Others
15. [] Balloon Septostomy
16. [] Selective bronchial
17. [] Selective coronary
18. [] Drug Study
19. [] Cardioversion
20. [] Retrieval of foreign body
21. [] Arterial line
22. [] Central venous line
23. [] Blood transfusion

DIAGNOSIS;

1. Balance AV canal defect.
2. Probable fixed pulmonary hypertension.

Physiological Measurements:

1. [] Oxygen Consumption
2. [] Dye Dilution
3. [] Exercise
4. [] Thermodilution
5. [] 100% O_2 By Hood
6. [] Echo on Table
7. [] Ejection Fraction

Signature:

KAITLIN STEVENS - *1483-545.* **2½ yrs.** Kaitlin has the Down syndrome and was diagnosed very recently as suffering from complete AV canal and PDA, with severe pulmonary hypertension. She has undergone therapy to decrease her pulmonary vascular resistance by oxygen, priscoline and Nypride. Her Qp:Qs ratio before any maneuver ranged between 30 - *45%* and her Rp:Rs ratio was **76%.** Oxygen and Nipride seemed not to effect her pulmonary artery pressure, but her Rp:Rs ratio seemed to decrease to approximately 30%. Because of this response, a lung biopsy and PDA ligation were recommended. The PDA ligation was performed five days ago; and the lung biopsy was interpreted today as showing some plexiform lesions consistent with Class *4* - 5 Heath-Edward classification. The discussion at the conference was whether it would be worthwhile to send her home on oxygen and repeat the heart catheterization in one month, but it was felt that since the standard for evaluating pulmonary vascular disease is a lung biopsy and that showed at least Class *4*, which is compatible with irreversible pulmonary vascular disease, Kaitlin should be declared as inoperable and will be followed medically.

F. Butto, M. D.

FB/js

CARDIAC CATHETERIZATION REPORT

Kaitlin Stevens UH# 1483-545
Cath No. 5456 . 11-28-90

History

Kaitlin is a 20-month-old white female with Down's Syndrome, who was admitted today for elective catheterization. She is the product of a full-term pregnancy born by SVD. Kaitlin experienced failure-to-thrive during the first three months of her life. The mother states that the patient would tire easily and had poor nippling activity. This apparently resolved after three months of age. Ten days prior to admission, Kaitlin was admitted to Rainbow Babies & Childrens Hospital where she was treated with IV antibiotics for four days due to pneumonia. Since she persisted in having low oxygen saturations, cardiac consultation was obtained and echocardiographic study showed an AV canal defect with high pulmonary pressures. In that opportunity, it was decided to schedule the patient for elective catheterization after antibiotic treatment had been completed. She is currently on no medications. Amoxicillin was stopped the morning of day of admission.

Past medical history: full-term SVD. Immunizations up to date. NKA. Pneumonia 10 days prior to admission. Thrombocytopenia. Her growth and development was appropriate for a child with Down's Syndrome.

Physical Examination

Temperature 36.1, pulse 150, blood pressure 140/89 mmHg. Weight: 8.7kg. The patient is alert, afebrile, cooperative during the examination. Head normocephalic, anterior fontanel closing. Throat pink without exudates. Lungs: clear bilateral good air flow. Heart: regular rate and rhythm with normal precordium. S1 normal. S2 loud, narrowly split at the second left intercostal space with very accentuated pulmonary component. There is a Grade II/VI systolic murmur, high-pitch,mid systolic. There is no diastolic murmur. Pulses are strong in four extremities. Abdomen is soft. No hepatosplenomegaly. Abnormally superior main vector. RVH.

ECG normal sinus rhythm.

Echocardiographic study. Balanced AV canal with mild AV valve regurgitation. Large VSD with AV chordal attachment to IVS crest. Left-to-right shunt at VSD level. Large right atrium and right ventricle. Good left ventricle size. There is a patent ductus arteriosus by color Doppler with diastolic left-to-right shunt.

Pre-Catheterization Diagnosis

1. Balanced AV canal.
2. Mild AV valve regurgitation.
3. Patent ductus arteriosus.
4. Severe pulmonary hypertension.

Procedure

The patient was brought to the catheterization laboratory after receiving 9mg of Demerol, 9mg of Thorazine, and 9mg of Phenergan for sedation. The skin was prepped and draped in the usual sterile fashion and a small amount of 1% Xylocaine solution was injected into both groin areas. The right femoral vein was entered and a #6 French sheath was placed, through which a #6 French Berman angiocatheter was advanced into the SVC. The right femoral artery was entered and a #4 French sheath was placed. 500 units of Heparin were given. With the venous catheter in the SVC, quick oximetry series was performed from SVC, MRA, LRA, IVC and RV.

The venous catheter was advanced into the main pulmonary artery where arterial blood gas obtained. The right pulmonary artery was entered and oximetry sample was obtained. A #4 French high-flow royal pigtail catheter was advanced into the left ventricle where oximetry sample as obtained. This was followed by simultaneous pressure recording at the left ventricle and pulmonary artery level. Pull-back pressures were recorded from the left ventricle into the ascending aorta. Oximetry samples were obtained as we withdrew the venous catheter from the pulmonary artery into the right ventricle, right atrium and SVC. At this point arterial blood gas was obtained from descending aorta. The #5 French Berman angiocatheter was withdrawn and exchanged for a #5 French thermodilution catheter which was advanced into the pulmonary artery. Since the initial blood gas showed some degree of metabolic acidosis, 5mEq of bicarbonate were given.

At this point, the left femoral vein was entered and a #5.5 French sheath was placed, through which a #5 French Berman angiocatheter was advanced first into the right upper pulmonary vein where oximetry sample was obtained. The venous catheter was then placed into the SVC where oximetry sample was obtained. After getting oximetry sample from the pulmonary artery, cardiac output was measured by thermoldilution technique. The patient was placed on 100%oxygen, and 15 minutes later, simultaneous blood pressures were recorded at the aorta and pulmonary artery level. This was repeated 15 minutes later.

Oximetry samples were obtained at the aorta, pulmonary artery, and SVC level. Once again, cardiac output was estimated by thermaldilution technique, and the patient was placed off oxygen. Twenty minutes later, blood pressures were recorded at the aorta and pulmonary artery levels. This was followed by oximetry samples at the aorta, pulmonary artery, and SVC levels. At this point, .36cc of Tolazoline (1 mg/kg) were given. Fifteen minutes later, aorta and pulmonary artery pressures were recorded followed by estimation of cardiac output by thermoldilution technique. Immediately after, aorta, pulmonary artery and SVC oximetry samples were obtained. Patient was given 20cc of normal saline, and a nipride drip was started after an initial dose of 0.5 micrograms/kg/minute.

Once again, 20cc of normal saline were given. The nipride drip was slowly increased up to 3.5 micrograms/kg/minute with close control of blood pressure and heart rate. After 20 minutes on the Nipride drip, aorta and pulmonary artery pressures were recorded, followed by aorta and SVC oximetry samples. The Nipride drip was stopped and cardiac output was estimated by thermoldilution technique. Blood gases were obtained from the aorta and the pulmonary artery after which the thermal diluation catheter was withdrawn. The #4 French high-flow royal pigtail was placed into the left ventricle and left ventriculogram was performed. This was followed by withdrawing of the arterial catheter into the aorta where an aortogram was performed.

Next, the catheter was withdrawn and exchanged by a #6 French Berman wedge catheter, which was advanced into the right pulmonary artery. After the catheter was wedged in the right lower lobe, 3cc of contrast material were given by hand injection. This was followed by a second injection of 3.5cc. A #6 French Berman wedge catheter was withdrawn and exchanged by a #6 French Berman angiocatheter which was advanced into the left atrium where oximetry sample was obtained. The venous catheter was advanced into the left ventricle and then into the aorta where oximetry samples were obtained. Pull-back pressures were recorded from ascending aorta into left ventricle. Left ventricle and diastolic pressure were recorded after which pull-back pressures were recorded from LV to LA to RA. At this point, the study was ended and the right femoral artery line and the left venous line were withdrawn. Five minutes later, the right femoral vein line was taken out. The patient was placed on 2 liters of oxygen by nasal cannula. Due to the prolonged bleeding, 5mg of Protamine were given. Finally, after obtaining good hemostasis, pressure dressings were placed on both groin areas and the patient was transferred to the pediatric floor for her final recovery.

Catheter Course

The catheter course involving both the venous and the arterial side was uncomplicated. We were able to enter the left atrium from the right atrium through an ASD.

Arterial Blood Gases

First blood gas: pH 7.36, PCO_2 33, PO_2 60, bicarbonate 18.5, base axis -6.4, saturation 91%, study done in room air. This study shows mild degree of metabolic acidosis, good ventilation, and a relatively low oxygen saturation, probably due to some right-to-left shunt.

Second blood gas: pH 7.35, PCO_2 37, PO_2 61, bicarbonate 20, base axis -4.8, oxygen saturation 90%, study done in room air.

Third arterial blood gas: pH 7.35, PCO_2 39, PO_2 62, bicarbonate 21, base axis -3.8, oxygen saturation 90%, study done in room air.

Last arterial blood gas: pH 7.36, PCO_2 42, PO_2 56, bicarbonate 24, base axis -1.5, saturation 88%, in room air from the main pulmonary artery.

Oxygen Saturations

Quick oximetry samples showed an SVC saturation of 3.2%, MRA 60%, HRA 61.9%, LRA 54.2%, IVC 58.5%, right ventricle 67.8%. This shows two step-ups in oxygen saturation, one at the atrial level and the other at the ventricular level, indicating a presence of left-to-right shunt in both places. Oximetry samples obtained at the arterial side showed LA saturation of 92.8%, LV saturation of 86.5%, and aorta saturation of 84.8%. There is a small step-down in oxygen saturation from left atrium into left ventricle, suggesting the presence of a right-to-left shunt at the ventricular level. When the patient was placed on 100%oxygen, the oxygen saturations increased at the left ventricular level up to 96%and in the pulmonary artery level 91.4%. This proves the absence of any lung disease, the primary cause for low systemic oxygen saturations.

Pressures (All pressures in mmHg.)

Prior to the use of any vasodilators, the left ventricular pressure was 110/0-6, pulmonary artery pressure was 105/50 with a mean of 75 and the aorta blood pressure was 100/55 with a mean of 78. With the patient on 100%oxygen, the aorta blood pressure was 100/55 with a mean of 80 and the pulmonary artery pressure was 103/45 with a mean of 75. After 0.36cc of Tolazoline (1 mg/kg) were given, the aorta blood pressure mean was 70 and the pulmonary artery mean blood pressure was 68. While the patient was receiving 3.5 micro-grams/kg/minute of Nipride, aorta mean blood pressure was 69 and pulmonary artery mean blood pressure was 68. At the end of this study, and after angiographic studies were done, ascending aorta blood pressure was 105/55. Left ventricular pressure was 110/0-6, mean left atrial pressure was 5. The mean arterial blood pressure did not change while the patient was on oxygen, however, there was almost 10 mmHg drop in mean arterial blood pressure in both the aorta and the pulmonary artery after the Tolazoline dose and while in the Nipride drip.

Calculations

1. Patient on room air with no medications: QP:QS = 1.5:1. Left-to-right shunt: 43%. Right-to-left shunt: 29%. Rp = Rs = 0.76
2. Patient on 100%oxygen: QP:QS = 4:1. Left-to-right shunt: 78%. Right-to-left shunt: 9%. Rp = Rs = 0.23
3. After Tolazoline: QP:QS = 1.6:1. Left-to-right-shunt: 52%. Right-to-left shunt: 21%. Rp = Rs = 0.58
5. Patient on Nipride drip: QP:QS = 4:1. Left-to-right shunt: 82%. Right-to-left shunt: 21.8%. Rp = Rs = 0.22

We decided not to use our cardiac output calculations by thermodilution, given the influence of the presence of VSD, ASD, and the PDA with bidirectional shunt.

Angiographic studies

Left ventricle. With the #4 French high-flow pigtail catheter in the left ventricle, 15cc of Omnipaque at 13cc per second. .1 rate of rise, 450psi, were injected with the systems A) 30" LAO, 25" cranial, B) 20° RAO. This study showed good left ventricular size with good contractility. There is goose-neck deformity of the left ventricular outflow tract and ascending aorta. There is left-to-right shunt during systole and right-to-left shunt during diastole at the VSD level. In the levophase, there was left-to-right shunt at the ASD level.

Aortogram. The #4 French high-flow pigtail catheter was placed in the ascending aorta and 13cc of Omnipaque at 13cc per second, .1 rate of rise, 450psi, were injected with the systems A) 45" LAO, 25" cranial, and B) PA. This study showed the presence of a PDA with left-to-right shunt during diastole. Normal coronary arteries. Normal aortic valve. Right lower lobe wedge angiograms. A #6 French Berman wedge catheter was placed in the right lower lobe pulmonary artery and first 3cc of Omnipaque were injected by hand injection followed by 3.5cc given in the same fashion. This study was done to measure the distance of the transition from the 2.5cm pulmonary artery to the 1.5cm pulmonary artery branch. This distance was approximately 9mm.

Post-Catheterization Diagnosis

1. Balance AV canal defect.
2. Probable fixed pulmonary hypertension.

These data will be presented in the next Surgical-Pediatric Cardiology Conference, where the future managment of the patient will be decided.

Marcelo Auslender, M.D.
Fellow, Pediatric Cardiology

Fouad Butto, M.D.
Pediatric Cardiology

sj
br.stevensk

CHARLES KAMPINSKI CO., **L.P.A.**

ATTORNEYS AT LAW

1530 STANDARD BUILDING
1370 ONTARIO STREET
CLEVELAND. OHIO 441 13

PHONE
(216) 781-4110
FAX
(216) 781-4178

August **2, 1991**

H. P. Sundaresh, M.D.
1881 Torbenson Drive
Cleveland, Ohio **44112**

RE: Kaitlin Stevens
Our File No. **4-472**

Dear Dr. Sundaresh:

Please be advised that I represent Kaitlin Stevens. Enclosed please find a medical authorization, signed by her father, Douglas Stevens, allowing the release of her medical information to me. Please forward all of her medical records to me at this time.

Thank you for your anticipated cooperation.

Very truly yours,

Charles Kampinski/TN

Charles Kampinski

CK:tmn

Enclosure

AUTHORIZATION FOR MEDICAL RECORDS AND REPORTS

8/2/91
Date

I, the undersigned, authorize any physician or nurse who has tended me, or any hospital at which I have been confined, to furnish to **CHARLES KAMPINSKI CO., L.P.A.**, any and all information which may be requested regarding my physical condition and treatment rendered therefor and, if necessary, to allow them or any physician appointed by them to examine any x-ray pictures taken of me or records regarding my physical condition or

Theresa M. Nelson
WITNESS

ARLES KAMPINSKI *CO.*, L.P.A.
ATTORNEYS AT LAW
1530 STANDARD BUILDING
ONTARIO STREET

CLEVELAND, OH
PM
2 AUG
1991

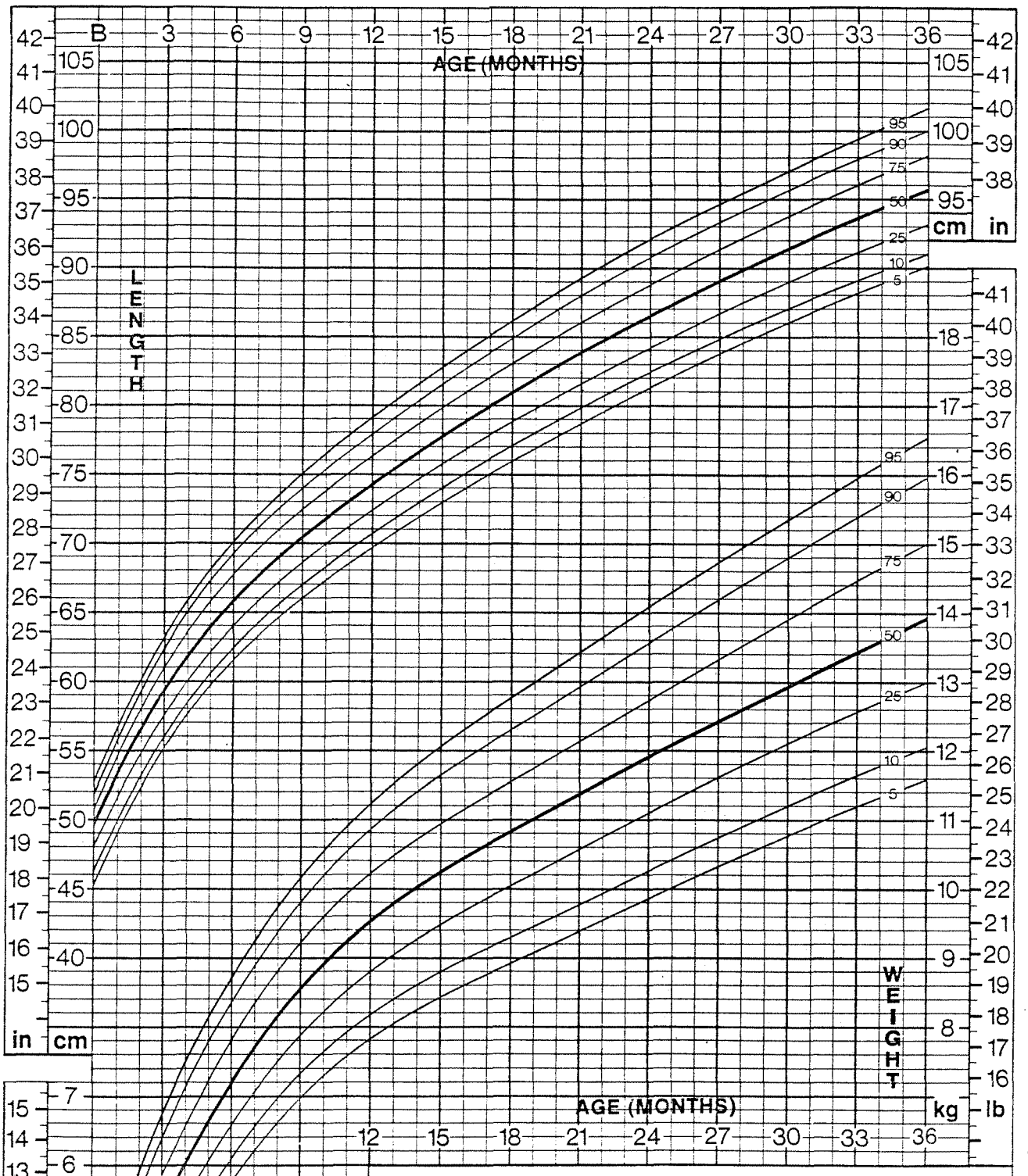
TRANSACTION REPORT P.01

AUG- 5-91 MON 15:49

DATE	START	RECEIVER	TX TIME	PAGES	NOTE
AUG- 5	15:48	6213947	1'32"	3	OK

GIRLS: BIRTH TO 36 MONTHS
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME _____ RECORD # _____



Ross Growth & Development Program

MOTHER'S STATURE _____ GESTATIONAL

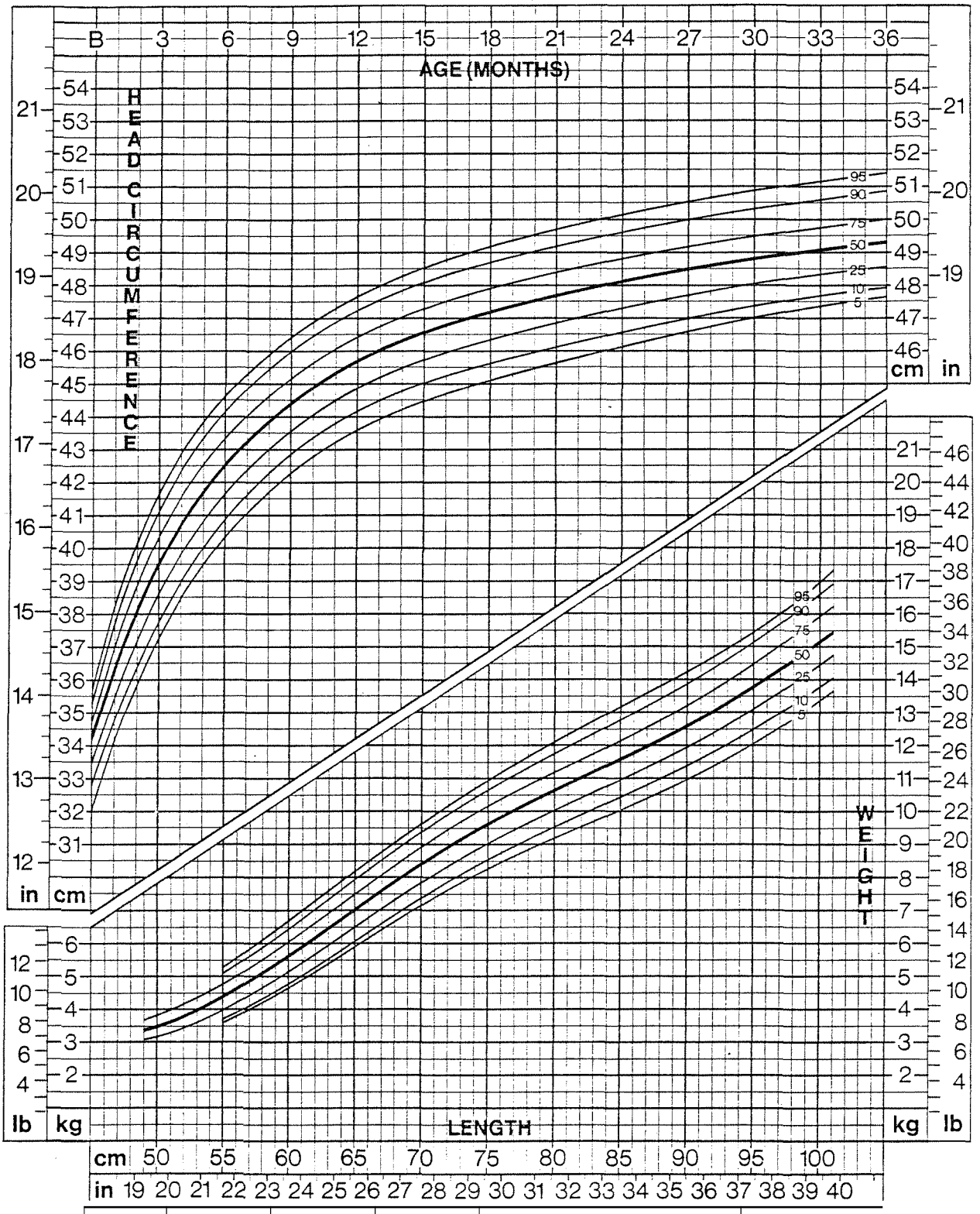
FATHER'S STATURE _____ AGE _____ WEEKS

DATE	AGE	LENGTH	WEIGHT	HEAD CIRC.	COMMENT
	BIRTH				

*Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AW. Physical growth: National Center for Health Statistics percentiles. Am J Clin Nutr 32:607-629, 1979. Data from the Fels Institute, Wright State University School of Medicine, Ohio.

GIRLS: BIRTH TO 36 MONTHS
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME Kaitlin Stivers RECORD #



*Adapted from Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the Fels Research Institute, Wright State University School of Medicine, Yellow Springs, Ohio

DATE	AGE	LENGTH	WEIGHT	HEAD CIRC	COMMENT

LAWYER'S NOTES

PAGE	LINE	

CURRICULUM VITAE

NAME: Hurikadale P. Sundaresh, B.S., M.D., F.A.A.P.

ADDRESS: 20 West Juniper Lane
Moreland Hills, Ohio 44022

DATE OF BIRTH: August 4, 1941

PLACE OF BIRTH: India, Mysore State

MARITAL STATUS: Married – Two Children

EDUCATION: B.S., University of Mysore; Mysore, India, 1962.

MEDICAL EDUCATION: Graduate of Medical College, University of Mysore; Mysore, India.

M.B.B.S., 1968, University of Mysore, Mysore, India.

PROFESSIONAL EXPERIENCE:

1968 - 1969	Rotating Internship, One Year	University Hospitals, Mysore, India
1969 - 1970	Senior House Officer, One Year in Internal Medicine	Victoria Hospital, University Hospital, Eangalore, India
1970 – 1971	Lecturer in Pathology & Microbiology	University of Mysore, J.J.M.M. Medical College
Six Months	Clinical Pathology	Same as above
1972 - 1973	Rotating Internship	Norton's Children's Hospital, University of Kentucky, Louisville, Kentucky
1973 – 1974	First Year Residency in Pediatrics - PL1	Mount Sinai Hospital, Cleveland, Ohio
1974 – 1975	Residency in Pediatrics – PL2	Cleveland Metropolitan General Hospital, Cleveland, Ohio
1975 – 1976	Residency in Pediatrics – PL3	Same as above
1976 - 1977	Pediatric Assistant	Same as above
1976 – 1977	Senior Instructor	Case Western Reserve University, Cleveland, O'hio
1976 – 1979	Assistant Professor	Same as above
1979 – Present	Assistant Clinical Professor	Same as above

PROFESSIONAL EXPERIENCE (continued):

Dec. 4, 1977	Diplomate of American Board of Pediatrics
1978 - Present	Private Pediatrics Practice
1978 – Present	Member, Northern Ohio Pediatric Society
1979 – Present	Associate Fellow of American Academy of Pediatrics
1981 – Present	Fellow of International College of Physicians
1982 – 1991	Member, Executive Committee, Metrohealth Hospital for Women, Cleveland, Ohio
1982 - 1991	Chief of Pediatrics, Metrohealth Hospital for Women, Cleveland, Ohio
1984 – 1986	Assistant Chief, Medical Staff, Metrohealth Hospital for Women, Cleveland, Ohio
1984 - 1991	Chairman, Credentials Committee, Metrohealth Hospital for Women, Cleveland, Ohio
1985 – 1987	Consultant, Neonatal Service, Booth Memorial Hospital, Cleveland, Ohio
1988 – 1991	Consultant, Neonatal Service, Metrohealth Hospital for Women, Cleveland, Ohio
1986	Affiliate Physician of Cleveland Clinic CompreCare, Cleveland, Ohio
1989	President, Associate of Indian Physicians of Northern Ohio
1989 - 1990	Regional Director, North East Central. Region, American Assoc. of Physicians from India
1990 – 1991	Co-chairman, Membership Committee, American Assoc. of Physicians from India

PUBLICATIONS:

1. Sundaresh, H.; Hokanson, J.; Novack, A. H.; Nankervis, C.; and Wolinsky, E.; "Study of Cervical Adenitis in Children", Submitted and accepted by American Physician Journal, 1980.

2. Sundaresh, H.; Kumar, A.; Hokanson, J.; and Novack, A. H.; "Etiology of Cervical Lymphadenitis in Children", American Family Physician, July, 1981.

3. Kumar, A.; Yogesh, P. S.; and Sundaresh, H.; "Malaria in Children"; American Family Physician, August, 1981.

Hurikadale P. Sundaresh, M.D.

Mt. Sinai, Courtesy	12/17/79
Rainbow Babies & Childrens, Active Staff, Part Time	7/1/77
Meridia Hillcrest, Associate	1/15/79
Meridia Euclid, Consultant (does not admit)	3/83

Case Western Reserve University
Assistant Clinical Professor of Pediatrics

Dr. Sundaresh was first licensed by the state of Ohio on February 12, 1976.