

2009 April 8th April 10th and April 10th

- Mayo Clinic in Florida

- Dr. Gary Glicksteen and Dr. Elizabeth Shuster
 - Clear Negligence and Probable Fraud

The clinicians ignore a gross feature of inflammation in the MRI and try to downplay the significance of the feature to perpetuate intentional negligence. The clinician, Dr. Elizabeth Shuster also hints that she knows its multiple sclerosis in the report but doesn't do the typical tests for it. Clear negligence in a medical setting that eventuates in a neurodegenerative sequel (brain and spine).

<p>GIM Comprehensive H&P</p> <p>* Final Report *</p> <p>Result Type: GIM Comprehensive H&P Result Date: 08-Apr-2009 00:00 EDT Result Status: Auth (Verified) Performed By: Glickstein MD, Gary A on 08-Apr-2009 11:02 EDT Verified By: Glickstein MD, Gary A on 20-Apr-2009 13:36 EDT Encounter Info: 205907603, Mayo Clinic in Florida, MCJ Patient, 08-Apr-2009 -</p>	<p>JANA, NARENDRA N - 6-619-053-9</p> <p>* Final Report *</p> <p>JANA, NARENDRA N MR, 6-619-053-9 10/27/1984</p>	<p>04/08/2009 Gary A. Glickstein, M.D. 545</p> <p>CHIEF COMPLAINT: Cognitive dysfunction.</p> <p>HISTORY OF PRESENT ILLNESS: This is a 24-year-old, East Indian male, from Bolton, Massachusetts. His past medical history was unremarkable. For the past several years, he has been experiencing problems with decline in cognitive function and memory focus and attention. He has had extreme fatigue. He has been diagnosed variously as chronic fatigue, neuroarthropathy, and fibromyalgia. He has also had psychiatric symptoms felt to be some form of psychosis. He has been hospitalized previously for approximately 10 days. He has been hospitalized for depression and psychosis. He became ill after trying one of numerous medications that he was tried on, he became intolerant of almost all the atypical antipsychotic drugs plus Effexor, Lamictal, and others. They tend to cause high blood pressure and tachycardia. He complains of the following problems: 1. Cognitive dysfunction, as above. Neuro-psych testing was done in 12/2007 showing some defect. 2. Abnormality on the MRI of the brain. He had some abnormalities seen on an MRI of the brain done recently when compared to previous studies. Apparently, these are new. He is concerned that he could have manganese toxicity because he was taking large doses of over-the-counter dietary supplement containing manganese. We note that he has had a urine manganese level performed that was in the normal range, but has not had a 24-hour urine collection. 3. Headache and vomiting. He has had this for several years. He complained of having a "weak stomach." He had an EGD performed in 7/2007 at Beth Israel Hospital in Boston that was normal. Biopsies</p> <p>I was having recurrent seizures in 2009. Which is why the medications wouldn't work. The appropriate medications would have to be given in toxicology and neurology to control toxicity, gross inflammation, and seizures. It was emergency need.</p> <p>The manganese metal tests are falsified, the large feature of inflammation is apparent in over 15 brain MRIs thereafter. In order to hide the feature radiologists in the US and as directed by the US, abroad, either erased MRI series images that show the feature or kept the MRIs that show the feature and wrote falsified reports. There is video evidence of fraud taking place in the future with falsified reports written from diagnostic fraud.</p>
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The clinicians tried to mis portray recurrent seizures as psychiatry. Which is why the medications prescribed had no clinical effect. This was intentional on the part of the clinicians.

GIM Comprehensive H&P

JANA, NARENDRA N - 6-619-053-9

* Final Report *

of the small intestine and stomach were obtained. The reports are not present, but he reports they were normal.

PAST MEDICAL HISTORY
As above.

PAST SURGICAL HISTORY
None.

HOSPITALIZATIONS
He was hospitalized recently for 2 weeks for psychosis.

MEDICATIONS
The list was reviewed and reconciled.

ALLERGIES
He does not have any true drug allergies, but is intolerant of numerous antipsychotic medications and antidepressants.

REVIEW OF SYSTEMS
GENERAL: Denied recent weight loss. He had lost some weight and regained it. Denies fever, chills, or sweats.

HEAD: He has noticed some decrease in his vision. He has some ear pain. Denied tinnitus or hearing loss. He has some difficulty with speech, comprehension.

ENDOCRINE: No thyroid problems or diabetes. He was noted to have low blood sugar on 1 measurement, but this was subsequently dismissed by later testing. No history of high cholesterol.

PULMONARY: No asthma, bronchitis, or emphysema.

CARDIOVASCULAR: He has some tachycardia associated with meds. He has had elevated blood pressure in the past associated with medications.

GASTROINTESTINAL: As above. No history of jaundice, hepatitis, melena, or hematochezia.

GENITOURINARY: No stones or hematuria.

MUSCULOSKELETAL: Multiple aches and pains.

NEUROLOGIC: No strokes, seizures, or blackouts. He has some tremor.

FAMILY HISTORY
His parents are alive and well and accompanying him; 1 sister who is alive and well.

SOCIAL HISTORY
He is a never smoker. He rarely drinks alcohol. He is a student. He exercises occasionally.

HEALTH MAINTENANCE
His last tetanus shot was in 2008. His last eye exam 2007.

PHYSICAL EXAMINATION
VITAL SIGNS:
Height: 168 centimeters
Weight: 89.3 kilograms

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Printed on: 13-May-2013 14:54 EDT

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(Continued)

Final Report

Blood pressure: 94/52

GENERAL: This is a well-nourished, East Indian male not in acute distress. He is alert, oriented, and cooperative.

HEENT: Normocephalic, atraumatic. Pupils round and reactive. Extraocular movements intact. Fundi benign. Disk flat. TMs intact. Pharynx moist and pink.

NECK: Supple. No lymphadenopathy, thyromegaly, JVD, or bruit.

CHEST: Normal contour.

LUNGS: Clear to auscultation.

HEART: Regular. No rubs, clicks, gallops, or murmurs.

ABDOMEN: Soft, nontender. No mass or organomegaly. Normoactive bowel sounds.

EXTREMITIES: No clubbing, cyanosis, or edema. Peripheral pulses intact.

NEUROLOGIC: Cranial nerves intact. Deep tendon reflexes 2+.

LABORATORY DATA
Pending.

IMPRESSIONS

1. PSYCHIATRIC ILLNESS. He is prescheduled for Psychiatry consultation.
2. QUESTION OF COGNITIVE DECLINE AND NEUROLOGIC SYMPTOMS. He is prescheduled for a Neurology consult. I have asked Radiology to review his outside MRIs of the brain.
3. PATIENT'S CONCERN REGARDING MANGANESE TOXICITY. I have ordered a urine for heavy metals and manganese.
4. NAUSEA AND VOMITING. I have ordered a gastroenterology consultation. EGD 1 years ago was normal. Symptoms have not changed appreciably over that time.
5. GENERAL HEALTH CONCERN. There is no indication from outside studies that there is a systemic illness. He has been tested for porphyria. He has had heavy metal testing performed to lead and mercury. I will check fasting blood work.

I will see him for a return visit when the above is complete.

GAG:pae
D:04/08/2009 11:02
T:04/09/2009 05:23
REVISED DATE: TRAN8:1562

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With gross features of inflammation in the brain and the basal ganglia, citing anything in psychiatry is medically inappropriate. I would undoubtedly be having seizures and be in several physical pain considering the level and extent of inflammation. This was intentional.

GIM Comprehensive H&P

JANA, NARENDRA N - 6-619-053-9

* Final Report *

Completed Action List:

- Perform by Glickstein MD, Gary A on 08-Apr-2009 11:02 EDT
- Transcribe by Edwards, Patricia A on 09-Apr-2009 05:25 EDT
- Sign by Glickstein MD, Gary A on 20-Apr-2009 13:36 EDT Requested on 09-Apr-2009 05:39 EDT
- Modify by Glickstein MD, Gary A on 20-Apr-2009 13:36 EDT
- Verify by Glickstein MD, Gary A on 20-Apr-2009 13:36 EDT

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GIM Return Visit

JANA, NARENDRA N - 6-619-053-9

Result Type: GIM Return Visit
Result Date: 10-Apr-2009 00:00 EDT
Result Status: Auth (Verified)
Performed By: Glicksteen MD, Gary A on 10-Apr-2009 14:10 EDT
Verified By: Glicksteen MD, Gary A on 24-Apr-2009 16:46 EDT
Encounter Info: 205907603, Mayo Clinic in Florida, MCJ Patient, 08-Apr-2009 -

JANA, NARENDRA N MR,
6-619-053-9
10/27/1984

04/10/2009 Gary A. Glicksteen, M.D.
545

Mrs. Jana is seen today for a return visit, accompanied by his parents. We are seeing him for the following problems.

1. Neurologic symptoms with prior diagnosis of a psychosis. He was seen in consultation by Dr. Leslie Rosenberg, A.R.N.P., in the Department of Psychiatry. Her notes are not currently available in PowerChart, but I spoke with her yesterday, and she felt that his exam is most compatible with schizophreniform disorder or some form of psychosis. This would fit with the time frame of the onset of his symptoms. He has proven intolerant of the newer antipsychotic drugs, so he is currently maintained on perphenazine.
2. Abnormalities on MRI. I have sent his MRIs to our radiologists for interpretation. The results have not come back yet.
3. Possible neurologic disorder. He was seen by Dr. Elizabeth A. Shuster, M.D., earlier today. Her notes are not currently in PowerChart, but she did note the changes on the MRI, and apparently has some concern for a metabolic disorder, and has ordered some additional laboratories.
4. Question of manganese toxicity. This was the patient's concern, and could potentially produce the findings on MRI. He has just completed the urine collection and will turn it in today. We note that he has previously been found to have a normal serum manganese level, so I do not anticipate this will be the issue. I will check his lab results next week.
5. Health maintenance. Fasting blood work that I previously ordered has not been obtained. I recommend that they pursue this locally, and give them a list of the routine blood work that I requested. He is going for a physical locally in the near future.
6. At this point, the blood work ordered by Dr. Shuster is pending. The outside film interpretation is pending. The manganese level is pending.

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(Continued)

Its medically inappropriate to cite or recommend psychiatry in a person with gross features of inflammation in the brain. Especially inflammation that large and prominent. I was undoubtedly having seizures.

The doctor tries to downplay the gross clinical significance of the abnormality in the MRI by having a radiologist lie in a repeated report in this setting.

The pattern of falsified blood/urine tests is apparent. The doctor is required to do a urine test with a chemical chelator (EDTA) to determine toxicity. The criminality and intentional nature of it becomes more apparent from then on in the US and extends for almost a decade thereafter.

GIM Return Visit

JANA, NARENDRA N - 6-619-053-9

I will send copies of his clinical notes and studies to share with his local physicians.

GAG:kkh
D:04/10/2009 14:10
T:04/12/2009 05:13
REVISED DATE: TRANS:1640

ADDENDUM: The remaining blood work was satisfactory.

Completed Action List:

- * Perform by Glickstein MD, Gary A on 10-Apr-2009 14:10 EDT
- * Transcribe by Hetzinger, Kim K on 12-Apr-2009 05:13 EDT
- * Modify by Glickstein MD, Gary A on 21-Apr-2009 13:46 EDT
- * Sign by Glickstein MD, Gary A on 24-Apr-2009 16:46 EDT Requested on 12-Apr-2009 05:20 EDT
- * Verify by Glickstein MD, Gary A on 24-Apr-2009 16:46 EDT

Printed by: Stevenson, Abigail R.
Printed on: 13-May-2013 14:54 EDT

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(End of Report)

Neurology Consult**JANA, NARENDRA N - 6-619-053-9**

* Final Report *

Result Type: Neurology Consult
Result Date: 10-Apr-2009 00:00 EDT
Result Status: Auth (Verified)
Performed By: Shuster MD, Elizabeth A on 10-Apr-2009 09:37 EDT
Verified By: Shuster MD, Elizabeth A on 16-Apr-2009 07:26 EDT
Encounter Info: 205907603, Mayo Clinic in Florida, MCJ Patient, 08-Apr-2009 -

*** Final Report ***

JANA, NARENDRA N MR.
6-619-053-9
10/27/1984

04/10/2009 Elizabeth A. Shuster, M.D.
39829

REFERRING PHYSICIAN: Gary A. Glickstein, M.D.

CHIEF COMPLAINT

Neuropsychiatric symptoms.

HISTORY OF PRESENT ILLNESS

Mr. Jana and his mother were both present for the evaluation. He is a 24-year-old gentleman who was born in India, the second born of his mother. She tells me there were no problems with his infancy and his infancy was normal. After high school, he started to be anorectic. He just did not care much about eating and she had to remind him to eat breakfast and lunch. He dropped to about 110 pounds at one point, but his average weight usually stayed around 120 to 125.

The family moved from India to New Jersey when he was 8, and then they moved to Massachusetts shortly after. He became an engineering student at Penn State. He was doing very well with A's in his studies. In the summer of 2005 he went to Spain. While watching the run of the bulls he fell and struck his head. He did not lose consciousness, but he was very dazed, and he did not do as well in the next semester in school. However, the following semester he seemed to be back to his normal state.

In January 2006 he went to England to study at Leeds. About halfway through that semester, in March, he experienced intense fatigue. He recalls walking across the campus, and even lifting his legs was difficult. He also started to notice difficulty with his memory and with concentration. He said the world became incomprehensible to him. He started an evaluation in New York at which time they did a glucose tolerance test and found a low blood sugar. He was started on many different drugs including Selegiline, Abilify, St. John's wort, and ashwagandha. However, none of these really helped him, and in fact he worsened. He started to have more prominent anorexia, and he lost

Many of these statements are false.

I described the typical effect of MS starting in college. Extreme fatigue is common in those who have MS with a sudden lack of physical ability.

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(Continued)

Loss of taste of smell is characteristic of neurodegenerative diseases.

The medications prescribed have no clinical effect in MS or seizures and they predictably didn't. They were noted to be completely ineffective as well during that period of time.

Medical mistreatment.

The hospitalization is malice in a medical setting, in situations of gross toxicology the immediate response is emergency room with intensive care under toxicology. The clinicians at that point understood it as well.

Due to lack of emergency care by these doctors the feature of mineralization in the basal ganglia repeatedly show in 15 or more brain MRIs in a span of 11 years from 2009 to 2020. That's an effect of negligence and causes neurodegeneration.

Neurology Consult

JANA, NARENDRA N - 6-619-053-9

* Final Report *

down to a weight of 102 pounds. He said he lost his taste in smell in 2006 as well, and that made him less interested in food. He had an MRI and saw a neurologist at Beth Israel. No definite neurologic diagnosis was forthcoming. He then started to see a psychiatrist who tried Zyprexa, Risperdal, and Seroquel. The only atypical antipsychotics he did not try were Geodon and Clozaril.

In early 2008 he was hospitalized at McLean Psychiatric Center for a week. However, over 2008 he continued to deteriorate and tried to treat himself with different over-the-counter psychotics, and for awhile he took manganese, approximately a bottle of 60, 30-mg tablets a week for approximately 3 months. He said that he believes he ingested 18 grams of manganese. During this time he developed increasing psychosis. He started to hear intense emotion in almost everything that was said to him, and he often had difficulty hearing all the words and understanding the precision of the content. He started to see visual after-images that he describes as a red glow. His vision was intermittently blurry. He started to notice burning of his hands, feet, legs, and even the back and sides of his head. He was hospitalized again at McLean for 2 weeks, and this time they put him on perphenazine, asertraline, Neurontin, and metoprolol, and that really has helped. He thinks he is tolerating the perphenazine quite well, and he is much less psychotic now. He also read about manganese poisoning and taking para-aminosalicylate as a treatment. He did find some and took it himself.

FAMILY HISTORY
The family history is negative for psychosis. His maternal uncle did have what sounds like transient bipolar symptoms when he was going through a very difficult divorce. He had a paternal aunt who had a pituitary tumor and then subsequently died of an acute stroke in her 40s. They believe the pituitary tumor was benign.

The remainder of his past history, allergies, social history, family history, and review of systems are detailed in the CMF note of Gary A. Glicksteen, M.D., and on the information for physician form from 4/8/2009.

He filled out a review of systems form for me, and of note he has had some intermittent vomiting, some diarrhea, and some constipation. He had a biopsy of his small bowel for celiac disease that was negative. He also describes decreased hearing as above.

EXAM
I have completed a full neurological examination, which is documented on the exam sheet including mental status, cranial nerve, motor, reflex, sensory, gait, and cerebellar examination. The important findings are that he has subtle hypotonia in the arms but slight hyperreflexia at the knees. I really could find no other abnormality in his exam. I did not do formal neuropsychiatric testing as he has just had it recently, and I will review this and scan the reports into the chart.

LABORATORY SUMMARY
He had outside imaging and on the most recent study from December the basal ganglia were noted to have increased mineralization. There was no CT. He

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Printed on: 13-May-2013 14:54 EDT

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(Continued)

* Final Report *

has not had a lumbar puncture. He has not had a workup for metabolic disorders.

IMPRESSION/RECOMMENDATIONS

1. Rather subacute change in cognitive status associated with some systemic symptoms. It is possible that this represents the cortical form of multiple sclerosis. I would say his report does not show the typical white matter changes. I would recommend he have a CT scan to rule that out and also to check for enolase and tau protein. There has been concern about the basal ganglia and manganese poisoning. He is undergoing a 24-hour urine heavy metals today. I am going to check him for metachromatic leukodystrophy with arylsulphatase. I would recommend he also have a peroxisomal panel.

We talked about possibly doing a dopamine PET. Unless this is done as a part of a research trial, it is quite expensive. I gave him the name of some radiologists at Harvard who have published on the findings of the basal ganglia in patients with MS, and he may wish to pursue a consultation from one of them to see whether or not he might be a candidate for a research project specifically to look at what is going on in his basal ganglia. Diffusion tensor MR imaging could also be valuable in trying to understand this young man's illness.

The loss of taste and smell is common in some of the neurodegenerative disorders, and so it is possible that this is going to be a helpful lead for the final diagnosis.

He is going to do most of the evaluation at home. I told him I am most interested in finding out the results.

EEG: ap
D:04/10/2009 09:37
T:04/10/2009 18:21
REVISED DATE: TRANS:2091

Completed Action List:

- * Perform by Shuster MD, Elizabeth A on 10-Apr-2009 09:37 EDT
- * Transcribe by Picker, Audra G on 10-Apr-2009 18:21 EDT
- * Sign by Shuster MD, Elizabeth A on 16-Apr-2009 07:26 EDT Requested on 10-Apr-2009 19:35 EDT
- * Modify by Shuster MD, Elizabeth A on 16-Apr-2009 07:26 EDT
- * Verify by Shuster MD, Elizabeth A on 16-Apr-2009 07:26 EDT

The doctor understands that with large features of inflammation in the brain I undoubtedly have multiple sclerosis and medications outside of neuroimmunology or toxicology would have no effect. She mentions "the cortical form of MS" in the report (she knows I have MS).

She also knows that I have a clear metal toxicity that requires help under toxicology.

The clinician understands that I have a neurodegenerative condition judging from the loss of smell and taste. And predictably the toxicological syndrome causes a progressive form of multiple sclerosis. There is a 11 year sequel of neurodegeneration after this instance of negligence.

The feature that the radiologist in this instance tried to downplay eventually causes progressive neurodegeneration of the brain and spine resulting in progressive MS. Future diagnostics tests are falsified in the US and abroad to support the medical negligence by the hospitals in Massachusetts and Mayo clinic as well.

Simply making a comment about a former MRI without doing a brain and full spine MRI also has no diagnostic value. The doctor appears to trying to build support to further negligence in the same hospital.

MR Neuro Outside Interp

JANA, NARENDRA N - 6-619-053-9

* Final Report *

Result Type: MR Neuro Outside Interp
Result Date: 23-Apr-2009 12:14 EDT
Result Status: Auth (Verified)
Performed By: Broderick MD, Daniel F on 23-Apr-2009 12:14 EDT
Verified By: Broderick MD, Daniel F on 23-Apr-2009 12:20 EDT
Encounter Info: 205907603, Mayo Clinic in Florida, MCJ Patient, 08-Apr-2009 -

* Final Report *

Name : Narendra N. Jana
MRN : 06-619-053-9

Ordering Physician : S45
Creation Date : 04/23/2009
Performed At : Radiology 2nd Floor MCJ
Indications : 793.0 MR: Brain Abnormal, ,NA,
23 Apr 2009 12:20PM ***Final***
INTERP of Outside MR Neuro
Outside unenhanced MR examination of the brain from Brain Imaging
Center McLean Hospital in Belmont, Maryland dated 12/18/2008. The
examination is submitted on CD-ROM and reviewed on the MAGIC VIEW
workstation.

Symmetric T1 hyperintensity within the globus pallidus bilaterally. The
appearance is nonspecific, is of uncertain etiology but is of doubtful
clinical significance. Possible etiologies include sequela of chronic
liver disease or hyperalimentation, metabolic abnormalities (including
parathyroid disease) and calcification/mineralization. No additional
focus of abnormal signal intensity. No mass lesion, mass effect or
midline shift. The ventricular system and cortical sulci are normal in
size and appearance. Diffusion weighted images demonstrate no acute
infarct.
D.F. Broderick, MD

Completed Action List:

- * Order by Glickstein MD, Gary A on 23-Apr-2009 12:14 EDT
- * Perform by Broderick MD, Daniel F on 23-Apr-2009 12:14 EDT
- * Verify by Broderick MD, Daniel F on 23-Apr-2009 12:20 EDT
- * Endorse by Glickstein MD, Gary A on 08-Jun-2009 16:43 EDT

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(End of Report)

Due to the gross prominence of features in all future MRIs these blood and urine tests are easy to show as being falsified. From this point forward it's a repetitive pattern of criminal fraud followed by criminal negligence.

MAYO CLINIC / HOSPITAL
4500 San Pablo Road
Jacksonville, Florida 32224
(904) 953-2000

Patient: JANA, NAKENORA N
MRN: 66190529
DOB: 10/27/1984 Age: 28 Y Sex: M

L A B O R A T O R Y

Timed Urine Chemistry		04/10/2004	04/10/2004
	(Specimen Taken At)	06:00 AM	11:15 AM
0-Sugars	0.00 g/dL	0.00	0
0-Urethane	mg	545	11
0-Tissue	mmol	44	11
0-Urea	mg	0	0
0-Titre	mmol	0	0
** Calculated Results: ***			
0-Urine	04/10/2004 06:00 AM	04/10/2004	06:00 AM
0-Urine	04/10/2004 06:00 AM	04/10/2004	06:00 AM
** Fasting: ***			
0-Main	04/10/2004 06:00 AM	(INTERPRETIVE DATA)	
0-Urine	04/10/2004 06:00 AM	Performed at Mayo Medical Laboratories	
0-Urine	04/10/2004 06:00 AM	INTERPRETIVE DATA	
0-Urine	04/10/2004 06:00 AM	Performed at Mayo Medical Laboratories	
0-Urine	04/10/2004 06:00 AM	INTERPRETIVE DATA	
0-Urine	04/10/2004 06:00 AM	Performed at Mayo Medical Laboratories	
0-Urine	04/10/2004 06:00 AM	INTERPRETIVE DATA	
0-Urine	04/10/2004 06:00 AM	Performed at Mayo Medical Laboratories	

Toxicology		04/10/2004	04/10/2004
	(Specimen Taken At)	06:00 AM	11:15 AM
0-Creatinine	0.73 mg/dL	0.73	21
0-Creatinine:Crab	0.19 mg/dL	0.19	21
0-Ur. Creat	0.73 mg/dL	0.73	21
0-Ur. Creatinine	0.19 mg/dL	0.19	21
** Calculated: ***			
0-Urine	04/10/2004 06:00 AM	(INTERPRETIVE DATA)	
0-Urine	04/10/2004 06:00 AM	Performed at Mayo Medical Laboratories	
0-Urine	04/10/2004 06:00 AM	INTERPRETIVE DATA	
0-Urine	04/10/2004 06:00 AM	Performed at Mayo Medical Laboratories	
0-Urine	04/10/2004 06:00 AM	INTERPRETIVE DATA	
0-Urine	04/10/2004 06:00 AM	Performed at Mayo Medical Laboratories	
0-Urine	04/10/2004 06:00 AM	INTERPRETIVE DATA	
0-Urine	04/10/2004 06:00 AM	Performed at Mayo Medical Laboratories	

Interpretive legend:
+ = positive, - = negative, 0 = equivocal, P = positive.

Results continued on Next Page

Journal Publishing ISSN1081-2453 100

M A Y C C L I N I C / H O S P I T A L
4500 San Pablo Road
Jacksonville, Florida 32224
(904) 355-2000

Patient: JANA, NARENDRA N
MRN: 66190539
DOB: 10/27/1984 Age: 28 Y Sex: M

Special Chemistry

Language: English, German
 I = 19200, Z = 100000

第十一章 亂世和帝國

Page 3

There are unique rare blood tests ordered but regular chemistry is missing in the test, which is an oddity.