

2018 October 23rd

- Dr. Luis Enrique Amaya Sanchez - Hospital Angeles Pedregal, Mexico City, Mexico
- Criminal Fraud →

Dr. Luis Enrique Amaya Sanchez- Falsified test in Hospital Angeles Pedregal:

Thought the LP test that the doctor does is directed to be falsified by the United States by the hospital, Dr. Amaya ignored the LP test because he understands that falsifying LP tests with surrounding diagnostics and MRI series that shows clear disease pathology is unrealistic, especially in what is eventually shown to be a progressive neurodegenerative condition. Prior to this Dr. Amaya gave plasmapheresis to treat the condition.

Hospital Angeles PEDREGAL

OPERADORA DE HOSPITALES ANGELES, S.A. DE C.V.
SUCURSAL PEDREGAL
CAMINO A SANTA TERESA No. 1055 PB 10
COL. HERCULES DE PADILLA
DELEG. MAGDALENA CONTRERAS
10700 MEXICO D.F.
TEL: (55) 9449 5500, EXT. 2070

Informe de Resultados VE

Nombre: JANA X NARENDRA NIRMAL (CUBLAB)
735721
Procedencia: [0001] PARTICULAR
Medico: LUIS ENRIQUE AMAYA SANCHEZ
Enviar a Consultorio: 478

Fecha nac.: 27/10/1984
Sexo: Masculino
Expediente: 5945994
No. Paciente: 1001871455
Edad: 34 a.
F. Sol: 23/10/2018
H. Sol: 14:18
Solicitud: 735721
INT

EXAMEN	RESULTADO	U.	INTERVALO DE REFERENCIA
[CUB] LAB-100348 CITOQUIMICO LIQUIDOS ORGANICOS			
CITOQUIMICO LIQUIDOS ORGANICOS			
ESPECIMEN LIQUIDO : CEFALORRAQUIDEO			
COLOR : AGUA DE ROCA			
ASPECTO : TRANSPARENTE			
CONGLUACION : NEGATIVO			
EXAMEN MICROSCOPICO			
LEUCOCITOS	0.0	/mm ³	0.0 - 10.0
ERITROCITOS	0.0	/mm ³	0.0 - 10.0
EXAMEN QUIMICO			
PROTEINAS TOTALES	26.85	mg/dL	15.00 - 45.00
GLUCOSA	55.68	mg/dL	45.00 - 75.00
CLORUROS	126.35	meq/L	110.00 - 137.00
[LYR] LAB-100987 ACIDO LACTICO			
ACIDO LACTICO	1.6	mmol/L	LCR SUERO NO ESTABLECIDOS 0.7 - 2.1
ESPECIMEN : LIQUIDO CEFALORRAQUIDEO			
Metodología: Espectrofotometría			

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F-LAB-05 REV:0
2003-05-15

Impresión Total/Completa

DR. JORGE BERNARDO RONZON FERNANDEZ
JEFE DE LABORATORIO CLINICO
CEDULA PROFESIONAL: 898593

LOS RESULTADOS DE LOS ESTUDIOS EMITIDOS, SE REPORTAN EN BASE A INTERVALOS DE REFERENCIA OBTENIDOS DE POBLACION ABIERTA, POR LO QUE SU INTERPRETACION DEBERA SER HECHA POR EL MEDICO TRATANTE

CSF proteins should be high due to seizures.
CSF glucose should be high due to what was then gross inflammation in the spinal column (secondary progressive MS).

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EXAMEN	RESULTADO	U.	INTERVALO DE REFERENCIA
[LYR] LAB-100161 PANEL DE ESCLEROSIS MULTIPLE/LCR			
PANEL DE ESCLEROSIS MULTIPLE e INMUNOGLOBULINAS			
INMUNOGLOBULINA M EN LCR	< 0.5	ng/dL	< 0.5
Metodología: Nefelometría cinética			
INMUNOGLOBULINA A EN LCR	< 0.6	ng/dL	< 0.6
Metodología: Nefelometría			
PANEL DE ESCLEROSIS			
SE ENTREGA EN ORIGINAL A LA FECHA: 05 / NOVIEMBRE / 2018			
[LYR] LAB-100234 CERULOPLASMINA			
CERULOPLASMINA	23	ng/dL	22 - 58
Metodología: Turbidimetría			
[LYR] LAB-100434 HEMOSIDERINA EN ORINA			
HEMOSIDERINA EN ORINA	NEGATIVO		NEGATIVO
Metodología: Microscopía de campo claro.			

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The IGG ratings would have to be higher due to MS.

QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
JANA X, NARENDRA NIRMAL
 DOB: 10/27/1984 Age: 33
 SEX: M
 ID: HAP-735721

REPORT STATUS: **Final**

ORDERING PHYSICIAN
 CLIENT INFORMATION
 53350
 HOSPITAL ANGELES DEL PEDREGAL
 CAM. A STA. TERESA NO. 1055
 COL. HERDES DE PADIERNA
 MEXICO D.F. 10700.

SPECIMEN INFORMATION
 SPECIMEN: 87027356
 REQUISITION: 533500006784
 LAB KEY NO:

COLLECTED: 10/23/2018 00:00
 RECEIVED: 10/25/2018 19:49
 REPORTED: 11/01/2018 17:44

COMMENTS: AGE 34 YEARS OLD, 2.0 ML SERUM + 3.0 ML CSF REFRIGERATED.

Test Name	In Range	Out of Range	Reference Range	Lab
Myelin Basic Protein		<2.0 L	2.0-4.0 mcg/L	EZ

MBP Result Interpretation
 2.0-4.0 mcg/L Negative
 4.1-6.0 mcg/L Weakly Positive
 >6.0 mcg/L Positive

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Oligoclonal Bands, IgG
 Oligoclonal Bands(IgG),CSF NO BANDS NO BANDS
 No oligoclonal bands were identified in this patient's CSF when compared to their corresponding serum sample.

Oligoclonal bands are present in the CSF of more than 85% of patients with clinically definite multiple sclerosis (MS). To distinguish between oligoclonal bands in the CSF due to a peripheral gammopathy and oligoclonal bands due to local production in the CNS, serum and CSF should be tested simultaneously. Oligoclonal bands can however be observed in a variety of other diseases, e.g., subacute sclerosing panencephalitis, inflammatory polyneuropathy, CNS lupus, and brain tumors and infections. The clinical significance of a numerical band count, determined by isoelectric focusing, has not been definitively defined. The data should be interpreted in conjunction with all pertinent clinical and laboratory data for this patient.

IGG SYNTHESIS RATE
 Synthesis Rate IgG, CSF -4.1 -9.9 TO +3.3 mg/24 h
 IgG Index, CSF 0.42 <0.66
 Albumin, CSF 17.6 8.6-42.0 mg/dL
 IgG, CSF 1.4 0.6-7.7 mg/dL
 Immunoglobulin G 932 694-1618 mg/dL
 Albumin, Serum 4.9 3.5-5.2 g/dL

The IgG Synthesis rate, CSF and IgG Index, CSF are two formulae for estimating the amount of IgG produced in the central nervous system. Evidence of increased synthesis of IgG provides support for the diagnosis of multiple sclerosis.

JANA X, NARENDRA NIRMAL - 87027356 Page 1 - Continued on Page 2

The "myelin basic protein" is falsified due to the presence of gross lesions in the cervical spine and what was then progressive optic neuropathy.

The Oligoclonal Bands are falsified due to prominent optic neuropathy.

The IGG synthesis rate is falsified also due to the progressive nature of MS (the condition was persistent then).

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EXAMEN	RESULTADO	U.	=INTERVALO DE REFERENCIA =
(LVR) LAB-100518 TRANSFERRINA	244	mg/dL	200 - 360
TRANSFERRINA			

Metodología: Inmunoturbidimetrico

Nuevos Intervalos de referencia
 a partir del 28 Noviembre 2017

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 Fin del reporte...

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This is the last LP (lumbar puncture) test that was falsified for the sake of perpetuating medical negligence or for the sake of mis-tyfying MS.