

To clarify I am a US Citizen with a US Passport and an Indian OCI does not protect from harm by the US when in India as shown in the past. Its simply a long term visa for a US citizen. With evidence there is no protection from the US in any country unless I'm specifically in asylum protection as has also been repeatedly demonstrated in these countries with evidence: Thailand (medical falsification), Malaysia, Singapore, India (medical falsification), Germany (medical falsification), France, Italy, Spain, Latvia (medical falsification), and Mexico (medical falsification). The US directs physicians in foreign nations to hide the negligence in the US aggressively with evidence of doing so.

To demonstrate that India isn't safe, United States directed a hospital radiologist in Apollo Hospital New Delhi, India to falsify a radiology when the hospital doctors fully state what's in the patients MRI in their own clinical reports. The diagnostics are falsified while the treatment is being given within the same hospital (shown below). India has no syystem of law to protect form this type of fraud making me an easier target of harm in countries like India which have no legal structure to protect from this type of harm:

UHID: APD1.00109612

Discharge Summary

Dept. of NEUROLOGY

General Information

UHID	APD1.0010961238	Patient Identifier	DELIP240818
Ward/Bed No	4th Floor Tower-III, 4th floor T3 ward, Bed no.4429		
Name	Mr. NARENDRA NIRMAL JANA		
Age	34Yr 2Mth 20Days	Sex	Male
Address	usa, Other-City-United States of America, Other-State-United States of America		
Primary Consultant	Dr. P N RENJEN NEUROLOGY		
Admission Date	14-Jan-2019		
Discharge Date	16-Jan-2019		
Allergies	No known allergy		
Diagnosis	Secondary-progressive MS		

Present Illness

History of Present Illness Mr. NARENDRA NIRMAL JANA, a 34 years old software engineer came to IAH with history of secondary-progressive MS (diagnosed outside) and has been under treatment with multiple disease modifying agents with progressive clinical deterioration and multiple acute attacks since 2017. Patient's symptoms started in 2008 with headache, tingling and numbness and persistent pain in distal extremities of both upper and lower limbs. He was on NSAIDS for persistent pain for initial 2-3 years. Vision impairment started in 2012 which was suggestive of optic neuropathy. MRI cervical spine in Jan 2017 showed hyperintensity in cord (both T1 and T2). Patient

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Tel: 91-11-28923828, 28923829, Fax: 91-11-26823829, Emergency Telephone No.: 1086
Website: www.apollohospitals.com

UHID: APD1.00109612

discharge summary

developed weakness in both limbs (left more than right) since 2017 April associated with difficulty in walking and visual impairment persisted. Multiple pulses of intravenous methylprednisolone was administered since October 2017. His vision showed mild improvement but limbs weakness and difficulty in walking persisted. He was treated with Fingolimod (for 5 days) then subcutaneous interferon beta (alternate day) for several months with no significant improvement. He also underwent plasmapheresis in 2018. VEP in 2018 was suggestive of mild optic neuropathy. Patient is presently having persistent difficulty in walking and needs a stick occasionally for activities of daily living. His sensory symptoms of tingling, numbness and paraesthesia in bilateral hands and feet persists as his visual impairment. He is presently on Tab Dimethyl Fumarate 240 mg twice daily since last 4-5 months, but his symptoms have progressed. Patient is now admitted under Dr. P N Renjen (Sr. Consultant, Neurology) for further evaluation and management.

Clinical Examination

On Examination Afebrile
Pulse Rate: 80/minute
Blood Pressure: 110/70 mmHg
Respiratory Rate: 16/minute
No clubbing / cyanosis / pedal edema / icterus / pallor / lymphadenopathy
Chest: Bilateral clear
CVS: S1, S2 Normal / No murmur / rub / gallop
P/A: Soft, No tenderness, No distension
CNS: Conscious, alert
Speech normal
EOM full
Left sided grip 40%
Right sided grip 60%
DTR (+) all four limbs
Power RUL 4+5, LUL 4/5
RLl 4+5, LLL 4/5
Decreased pain, temperature and vibration sensation in bilateral limb (left > right)
Proprioception / Joint position sensation impaired bilateral feet
Ataxic gait
Finger-nose and heel-knee test positive in left side
Romberg's test positive
Plantars bilateral flexor

Course In The Hospital & Discussion

After admission, serial MRI Brain and MRI Spine studies (done outside) were reviewed. His VEP and other previous

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The hospital report states that the MRI cervical spine shows hyper intensity.

reports were reviewed. Routine investigations were WNL except mildly raised serum alkaline phosphatase (139) and low 25 (OH) D3 level (8.80). VEP study showed bilateral prolonged latencies (130 ms). The progressive disease courses with clinical deterioration and radiological progression was noted and a diagnosis of secondary-progressive MS was discussed in details with patient. After discussion with patient, intravenous Rituximab (1000 mg) was administered on 15/01/2019 and he tolerated the medication well. Patient is now being discharged in stable condition with advise for readmission after 2 weeks for second pulse of intravenous Rituximab.

ADVICE ON DISCHARGE

Diet	Normal diet
Physical Activity	As tolerated
Discharge Medication	Tab Shelcal 500 mg per orally once daily for 3 months Tab Tayo 60 K 1 tab per orally once a week for 3 months Tab Felicitia OD 1 tab per orally once daily for 1 month Cap Beocosule 1 cap per orally once daily for 3 months MRI Brain and Whole spine with contrast
Follow Up	Review in physician office with Dr. P N Renjen with MRI Brain and whole spine report after 7 days with prior appointment. Please confirm your appointment on +911126925858 / 26925801 / 29871060/1061. AVAIL OF APOLLO HOME SAMPLE COLLECTION SERVICE (DELHI & NCR COVERED) MONDAYS TO SUNDAYS : 7 AM – 5 PM PLEASE CALL 011-29871090 & BOOK YOUR APPOINTMENT Please note that Home Collection is complimentary
Pending Reports	Kindly bring a copy of your bill to collect the pending reports from gate no-4(from respective labs & Gate No:7 for Radiology Reports)on week days.Monday to Saturday(8am-6pm)and Sunday(8am-2pm)

IF you have any of the following symptoms, please contact your doctor or our CMO on +911126925888 / 26825555 / 29872001/2003

1. Fever Of 101°F
2. Onset of new pain or worsening of previous pain.
3. Vomiting.
4. Breathing difficulty.
5. Altered level of consciousness.
6. Discharge from the operative wound.
7. Worsening of any symptoms.



8. Other significant concerns.

Please visit our website: www.apollohospdelhi.com

Dr. P N RENJEN
 NEUROLOGY
 Primary Consultant


Pranav Dancy
 Registrar/Resident

Please understand your discharge prescription from your doctor before using the medicines.
 You can contact Emergency Room Physician, INDRAPRASTHA MEDICAL CORPORATION LIMITED at 26925858 or 1066.
 Typed by 145073




The medical report clearly states that I have secondary progressive MS, which automatically means that the radiology report would have to mention neurodegeneration, nothing is mentioned as directed by the United States.

The MRI report is falsified as directed by the United States and is counter to the statements of the doctors in the same hospital, there is no protection from the US in any country unless I'm in asylum as has been repeatedly demonstrated in over 12 countries:

DEPARTMENT OF RADIOLOGY	
Patient Details :	Mr. NARENDRA NIRMAL JANA Male 34Yr 2Mth 25Days
UHID :	APD1.0010961238 Patient Location: OP
Patient Identifier:	DEL1OPP2194892 
DRN :	419002342 Completed on : 21-JAN-2019 00:27
Ref Doctor :	Dr. P N RENJEN
MRI BRAIN (WITH CONTRAST)	
Provisional Diagnosis/Clinical Data : Multiplanar MR images of the brain were obtained using T1 and T2 weighted SE, TSE and FLAIR sequences. Post contrast T1WI images were acquired.	
Report:: Cerebellar hemisphere and brainstem are normal. 4th ventricle is normal, in midline and normal signal acquired from within. Brain parenchyma is normal in signal intensity T1 and T2WI with grey and white matter interphase maintained. Ventricular system is normal. No midline shift of structures. Basal cistern, fissures and sulci are normal. Major flow voids are normal. Sella turcica appear normal. On CEMR, no significant enhancement seen. IMPRESSION : FOLLOW UP CASE SEEN WITH EARLIER MRI OF 10 JANUARY 2017 AND 25 SEPTEMBER 2017 (DONE OUTSIDE) SHOWS ESSENTIALLY NORMAL. PLEASE CORRELATE CLINICALLY.	
Printed on : 15-Jul-2019 19:12	Printed By : 113144 Reported By : 113498 Page 1 of 2

Mr. NARENDRA NIRMAL JANA	APD1.0010961238	DEL1OPP2194892
MRI BRAIN (WITH CONTRAST)		
--- END OF THE REPORT ---		
DR.A.S ARORA SR.CONULTANT		
Printed on : 15-Jul-2019 19:12	Printed By : 113144	Reported By : 113498 Page 2 of 2

DEPARTMENT OF RADIOLOGY

Patient Details : Mr. NARENDRA NIRMAL JANA | Male | 34Yr 2Mth 25Days
UHID : APD1.0010961238 **Patient Location:** OP
Patient Identifier: DEL1OPP2194892 
DRN : 419002343 **Completed on :** 21-JAN-2019 00:27
Ref Doctor : Dr. P N RENJEN

MRI CERVICAL SPINE WITH CONTRAST AND SCREENING OF DORSO-LUMBAR SPINE

Provisional Diagnosis/Clinical Data :

Multiplanar MR images of the cervical spine were obtained using a combination of T1, T2 turbo spin echo and FFE sequences. Post contrast T1WI images were acquired.

Report ::

Normal curvature of spine maintained.

Marrow signal from the vertebral bodies and their posterior element is normal on T1 and T2WI.

Intervertebral disc are normal in height and signal intensity.

Transaxial images show no significant cord / nerve root compression.

Spinal canal is capacious.

Cord is normal in signal intensity on T1 and T2WI.

Posterior osseous and soft tissue elements are normal.

No pre / paravertebral collection seen.

On CEMR, no significant enhancement seen.

IMPRESSION : FOLLOW UP CASE SEEN WITH EARLIER MRI OF 10 JANUARY 2017 AND 25 SEPTEMBER 2017 (DONE OUTSIDE) SHOWS ESSENTIALLY NORMAL.

Mr. NARENDRA NIRMAL JANA APD1.0010961238 DEL1OPP2194892

MRI CERVICAL SPINE WITH CONTRAST AND SCREENING OF DORSO-LUMBAR SPINE

PLEASE CORRELATE CLINICALLY.

SCREENING OF DORSO-LUMBAR SPINE::

Screening study of dorso-lumbar spine performed using T2 sagittal sequences.

Screening of dorso-lumbar spine shows no significant cord / nerve root compression.

Cord displaying grossly normal signal.

PLEASE CORRELATE CLINICALLY.

--- END OF THE REPORT ---

DR.A.S ARORA
SR.CONSULTANT