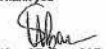



- 2006, Ethology of a Physiological Condition that Could only be Medical in Nature
 - Caritas Norwood Hospital Massachusetts and Clinic in Foxboro, MA
 - Dr. Ahmed Basheer

Narendra
Jana

The intent to cause harm is predefined since 2006 well before I ever had an MRI series completed. I came back home from studying abroad in Leeds, England in 2006 unusually tired and unable to move (the physical tire is common in those with MS) it one of our outstanding symptoms. When a medical test was done it revealed that I suffered from hypoglycemia (it means that when I eat food my blood sugar goes down instead of up (which is medically dangerous))

<div style="text-align: right; font-size: small;"> 56 LEONARD STREET, SUITE 7 FOXBORO, MA 02035 TEL: 508-543-3833 </div> <p>AHMED BASHEER, M.D. <small>DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE</small></p> <p>Patient: Narendra Jana Date of Visit: April 20, 2006 Date of Birth: 10/27/84</p> <p>To: Whom It May Concern,</p> <p>Narendra Jana was recently in my office when he was visiting his family last week with symptoms of extreme fatigue, shortness of breath, palpitation, weight loss. He has been getting episodes of hypoglycemia, he had initial workup done, he needs to undergo further testing. During his visit it was apparent that he is working very hard towards his engineering degree in England. I am concerned about his symptoms and I have recommended that he should reduce his course work and stress at this time and get adequate rest and improve his nutritional status.</p> <p>Please do not hesitate to call me if you have any questions</p> <p>Thank you  Ahmed Basheer, M.D.</p>	<p style="text-align: center;">The medical tests are included below:</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"> Report Status: Signed </div> <p style="text-align: center;"> Caritas Norwood Hospital Caritas Christ Health Care System 800 Washington Street Norwood, MA 02062 </p> <p>Basheer, Ahmed S MD 56 LEONARD ST, UNIT 7 FOXBORO, MA 02035</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td>Name: JANA, NARENDRA N</td> <td>Medical Record #: NW00617334</td> </tr> <tr> <td>Address: 48 CANNONBALL RD</td> <td>Account #: NW0012128642</td> </tr> <tr> <td>City/State/Zip: SHARDN, MA 02067</td> <td>Requisition #: 06-0003951</td> </tr> <tr> <td>Home Phone #:</td> <td>Location: DLNWRRoom/Bed:</td> </tr> <tr> <td>Date of Birth: 10/27/1984 Age: 21 Sex: M</td> <td>Report Number: D10104-0026</td> </tr> <tr> <td>Ordering Dr: Ahmed S Basheer MD</td> <td>Insurance: HMO Blue</td> </tr> </table> <p>Reason for Exam: ABDOMINAL PAIN AFTER EATING</p> <p>Date of Exam: 01/04/06 Orders: UGI SINGLE CONTRAST - CPT4 Code: 74240</p> <p>AIR CONTRAST UPPER GI</p> <p>Fluoroscopy time: 2.0 minutes.</p> <p>HISTORY: For abdominal pain after eating.</p> <p>Up to 2 minutes of fluoroscopy was utilized while the patient swallowed thick barium.</p> <p>The esophagus is widely patent with no focal inflammation, ulceration or stricture. There is no hiatal hernia or reflux. The stomach is fully distensible with a normal fold pattern. There is no discrete ulcer, tumor mass or polyp. Duodenal bulb has normal size and contour without inflammation. The proximal small bowel is normal.</p> <p>IMPRESSION: NORMAL AIR CONTRAST UPPER GI. IF FURTHER IMAGING OF THE GASTRIC MUCOSA IS INDICATED CLINICALLY, WOULD RECOMMEND AN ENDOSCOPY.</p> <p style="text-align: center;"><< Signature on File >></p> <p>Dictated by: Christopher E Baker MD Signed by: Christopher E Baker, MD cc: Basheer, Ahmed S MD;</p> <p>Tech: CRHMK801 D: 01/04/06 T: 01/04/06 1007 PS: 01/04/06 1048 RMB LSU: Y</p> <p>Ordering Physician's copy</p> <div style="text-align: right;">  Narendra Jana <div style="border: 1px solid black; padding: 2px;"> RADIOLOGY Report </div> </div>	Name: JANA, NARENDRA N	Medical Record #: NW00617334	Address: 48 CANNONBALL RD	Account #: NW0012128642	City/State/Zip: SHARDN, MA 02067	Requisition #: 06-0003951	Home Phone #:	Location: DLNWRRoom/Bed:	Date of Birth: 10/27/1984 Age: 21 Sex: M	Report Number: D10104-0026	Ordering Dr: Ahmed S Basheer MD	Insurance: HMO Blue
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Narendra
Jana

QUEST DIAGNOSTICS INCORPORATED
415 MASSACHUSETTS AVE.
CAMBRIDGE, MASS 02142
(617) 541-4900, (800) 842-1412

LOG NO. 44411426
REPORT DATE 04/25/06
PROCESSING DATE 04/21/06

PATIENT: JANA, NARENDRA
48 CANNONBALL RD
SHARON, MA 02067

PHYSICIAN: AHMED S. BASHIER, M.D.
36 LEONARD ST. SUITE 7
FOXBORO, MA 02035
DR. BASHIER, AHMED S.

TESTS: 04/21/06 10/27/1984
10:03 AM M 21

3008 45 (21)

FINAL Director: Salim E. Kabawat, M.D.

WBC	RBC	HEM	HCT	HGB	HCTH	MPV	PLT	PLCT	PLCR	PLTC	PLTR	PLTD	PLTP	PLTT	PLTD	PLTP	PLTT	PLTD	PLTP	PLTT
6.4	4.84	14.6	44	90	31	34	12.9	8.1	233	0	50	40	7	3	0	0				

GLU	FRU	BUN	CREAT	BUN/CRE	UREA	CHOL	TRIG	LDL	HDL	FF	ALB	GTOT	ALP	ALP	ALP	ALP
9.1		82	14	0.9	16					7.3	4.6	2.7	1.7	82		24

T	RIFD	INFL	NO	K	CT	CD2	APDN	IV	TPC	OUT	TRV	IR	PTT	TRV	PTT	TRV
0.5	0.1		140	4.0	103	27		37	313					1.5		908

Urinalysis

COLOR	APP	SPGR	PH	PROT	GLU	KET	BLI	BL/PROT	LDL	MT
Yellow	Clear	1.012	6.0	NEG	NEG	NEG	NEG	NEG	NEG	NEG
Yellow	Clear	1.012	6.0	NEG	NEG	NEG	NEG	NEG	NEG	NEG

Test Name	Result	Reference
Glomerular Filtration Rate (GFR) estimate	> 60	60 and above; mL/min/1.73 sq meters
Folic Acid	16.4	3.4 ng/mL or above
Ferritin	82	10-300 ng/mL
Insulin (Fasting)	4	0-16 aIU/mL
C Peptide (Fasting)	4.7 HI	0.8-3.1 ng/mL
Differential (absolute count)		
Absolute Band Count	0	0-500 /uL
Absolute Neutrophil Count	3200	1500-7800 /uL
Absolute Lymphocyte Count	2560	850-3900 /uL
Absolute Monocyte Count	448	200-950 /uL
Absolute Eosinophil Count	192	50-550 /uL
Absolute Basophil Count	0	0-300 /uL
Absolute Atypical Lymphocytes	0	0-200 /uL
Glucose (Fasting)	80	65-99 mg/dL
Glucose (1 hr)	68	65 mg/dL
Glucose (2 hr)	42 LO	65-179 mg/dL

Comments
Fasting
Insulin (Fasting), C Peptide (Fasting) added 04/24/2006

This test shows the hypoglycemia, my blood glucose becomes lower (to 42 mg/dL) after glucose intake when I should get higher.

QUEST DIAGNOSTICS INCORPORATED
415 MASSACHUSETTS AVE.
CAMBRIDGE, MASS 02142
(617) 541-4900, (800) 842-1412

LOG NO. 45050066
REPORT DATE 06/08/06
PROCESSING DATE 06/06/06

PATIENT: JANA, NARENDRA
48 CANNONBALL RD
SHARON, MA 02067

PHYSICIAN: AHMED S. BASHIER, M.D.
36 LEONARD ST. SUITE 7
FOXBORO, MA 02035
DR. BASHIER, AHMED S.

TESTS: 06/06/06 10/27/1984
09:18AM M 21

3008 45 (21)

FINAL Director: Salim E. Kabawat, M.D.

Ca	PO4	GLU	BUN	CREAT	BUN/CRE	UREA	CHOL	TRIG	HDL	TP	ALP	GLOB	ALC	ALCP	LDH	AST	ALT
		92															

Test Name	Result	Reference
Insulin (Fasting)	4	0-16 uIU/mL
Testosterone	428	241-827 ng/dL
I.H	3.0	1.5-9.3 mIU/mL
Cortisol	22.1	Cortisol 7am to 9am = 4-22ug/dL Cortisol 3pm to 5pm = 3-17ug/dL
Anti-IgG Antibody, IgG	104 HI	0-19 Units
Anti-IgA Antibody, IgA	45 HI	0-19 Units
Tissue Transglutaminase Antibody, IgA	19	0-19 Units

Comments
Copy of report sent to BARRY-WAYLER, M.D.

Though a condition like hypoglycemia could effect your brain and mentation there is nothing that a person could do to cause a hypoglycemic condition. Low blood sugars may effect mentation but the more important clue is a prevalence of an autoimmune condition to cause hypoglycemia. The IgG and IgA ratings are high in the test (104 and 45 units). Since this test all future tests done in the US seem to have been falsified to support intentional medical mistreatment, criminal malice in medical settings.

Narendra
Jana