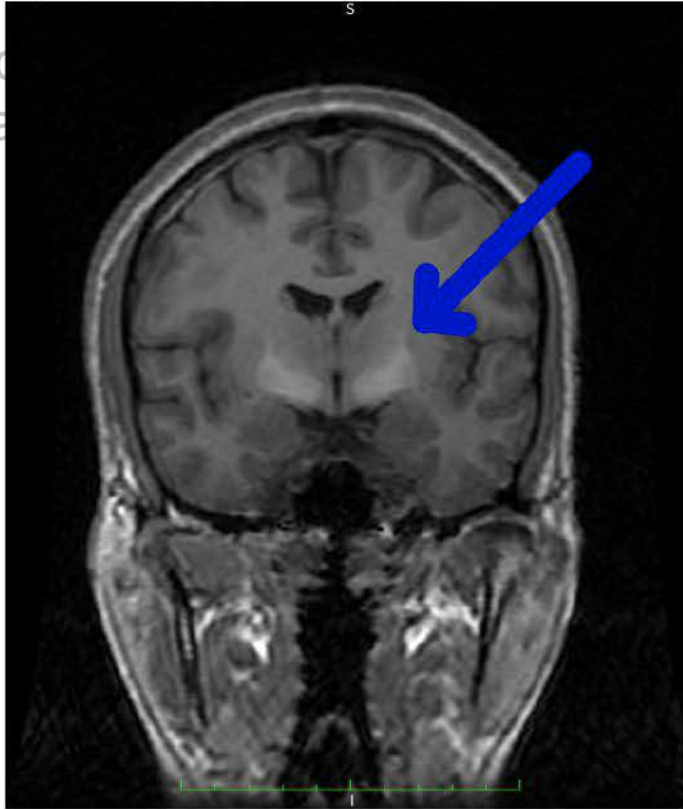


Narendra
Jana

My MRI:



A medical journal example of manganese toxicity (with contrast).

Orphanet Journal of Rare Diseases

PMC full text: Orphanet J Rare Dis. 2017; 12: 92.
Published online 2017 May 18. doi: 10.1186/s13023-017-0632-2
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Orphanet J Rare Dis << Prev Fig. 3 Next >>

Fig. 3

BG-MnIL MRI image. T1 sequence Brain MRI showing hyperintensity signal in the basal ganglia as consequence of manganese deposition.

Images in this article

Click on the image to see a larger version.

Narendra
Jana

Narendra
Jana

UMASS MEMORIAL MEDICAL CENTER
JANA, NARENDRA N
 MRN: 001601184 ADM/SVC: 08/20/09
 DOB: 10/27/84 AGE: 24 SEX: M
 ACCT#: 00023351031

CENTER
ENT
 B _____

NAME: _____
 ADDRESS: _____
JANA 001601184
 BIRTHDATE/SEX: _____
 () 1031 24
 MEDICAL RESOURCES MATCH: _____
 CITY: _____
 PRINT CLEARLY IN INK OR IMPRINT WITH PATIENT'S CARD

Date: 8/20/09	Greet Time: 1406	Triage Time: 1410
Arrived by: <input type="checkbox"/> Carried <input type="checkbox"/> Helicopter	Accompanied by: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulance		
Information Provided by: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Translator <input type="checkbox"/> Other		
Language Spoken: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Albanian		
<input type="checkbox"/> Interpreter Called <input type="checkbox"/> Interpreter Phone Used <input type="checkbox"/> Other Language _____		
Pre-hospital care: <input type="checkbox"/> O2 <input type="checkbox"/> IV <input type="checkbox"/> Site <input type="checkbox"/> C-collar <input type="checkbox"/> Backboard <input type="checkbox"/> Monitor		
<input type="checkbox"/> NA <input type="checkbox"/> Medication _____ <input type="checkbox"/> Splint <input type="checkbox"/> Dressing <input type="checkbox"/> Other _____		
Chief Complaint: Tox consult		
Triage Assessment: Here for Toxicology consult re: Metal poisoning (Manganese)		

<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 4 <input type="checkbox"/> A (Infant) <input type="checkbox"/> B (pre-verbal) <input type="checkbox"/> C (4-8 years)		
Location: Body/Head Radiates to: _____		
Vital Signs: BP 128/84 RR 18 Temp 37.1 Pulse OX 99 RA L Wgt _____ kg	PRECAUTIONS <input checked="" type="checkbox"/> NA	
Allergies: NKDA	<input type="checkbox"/> Contact precautions (purple)	
Past medical/surgical history	<input type="checkbox"/> Airborne <input type="checkbox"/> Neutropenic	
Dances	<input type="checkbox"/> Respiratory / Droplet	
	<input type="checkbox"/> mask applied	
	LMP NA	
	SUICIDE RISK ASSESSMENT <input type="checkbox"/> NA	
	In the last 2 weeks have you had ANY thoughts of hurting yourself in some way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO (IF Yes ▼)	
	BRIEF RISK ASSESSMENT <input checked="" type="checkbox"/> NA	
	Have you thought of ANY ways to hurt yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Do you have access to a gun or other means to hurt yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Have you tried to hurt yourself in the last year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Do you think you might try to hurt yourself here in the hospital or leave before completing treatment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> LIP notified <input type="checkbox"/> Patient under observation	
	<input type="checkbox"/> EMH notified <input type="checkbox"/> UMass Police notified	
Visual Acuity <input type="checkbox"/> NA <input type="checkbox"/> Corrected <input type="checkbox"/> No correction	Left eye 20/____	Right eye 20/____ Both eyes 20/____
<input type="checkbox"/> XR <input type="checkbox"/> IV <input type="checkbox"/> Lab work <input type="checkbox"/> EKG <input type="checkbox"/> Sling <input type="checkbox"/> Ice <input type="checkbox"/> WC <input type="checkbox"/> Stretcher <input type="checkbox"/> Dsg	Directed to: <input type="checkbox"/> WR <input type="checkbox"/> Adult pod <input type="checkbox"/> Pedi <input type="checkbox"/> PP <input type="checkbox"/> Prompt <input type="checkbox"/> EMH <input type="checkbox"/> Trauma <input type="checkbox"/> Room # _____ Time _____	

Emergent Urgent Non-Urgent RN Signature *J.P. Kelly*

810676 Rev 11/08

The toxicology consultation occurs on August 20th 2009 but there is no acknowledgement or treatment in the hospital in a outpatient consultation.

The toxicologist would have known that the toxicity is unresolvable due to how it distributes in our physiology. The emergency treatment then should have been dialysis with concomitant chelation to reduce the toxicity and limit neurological damage. EDTA (given in IV then) only has a temporary effect followed with anti inflammatory medication (Para Aminosalicic Acid) that has a limited effect. This is why all future MRIs (that don't have erased series images and which aren't fraudulent) show the same toxicity.

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UMASS MEMORIAL MEDICAL CENTER
PHYSICIAN'S ORDERS
EMERGENCY DEPARTMENT
NURSING RECORD

NAME: JANA 001601184
ADDRESS: 333
BIRTH DATE: 01/01/81 SEX: M
TELEPHONE: 603-MA 880 457863417
MEDICAL HISTORY: LIN HI
PRINT CLEARLY IN INK OR STAMP WITH PATIENT CARD

Height: _____ Weight: _____
Inches: _____ cm Kg: _____
ALLERGIES: NONE KNOWN

INDICATE CHOICE OF ORDER OPTIONS BY USING X IN CHECK BOXES

DATE	TIME	ALL OTHER ORDERS	DATE	TIME	MEDICATION ORDERS ONLY
		<input type="checkbox"/> CBC WITH DIFF <input type="checkbox"/> FSBS			
		<input type="checkbox"/> BMP <input type="checkbox"/> ABG <input type="checkbox"/> BNP			
		<input type="checkbox"/> EKG #1 <input type="checkbox"/> EKG #2			
		<input type="checkbox"/> CPK <input type="checkbox"/> TROPONIN			
		<input type="checkbox"/> PT <input type="checkbox"/> PTT			
		<input type="checkbox"/> LFT's <input type="checkbox"/> AMYLASE <input type="checkbox"/> LIPASE			
		<input type="checkbox"/> TYPE AND CROSS # UNITS			
		<input type="checkbox"/> TRANSFUSE _____ UNITS			
		<input type="checkbox"/> BLOOD CULTURES X2			
		<input type="checkbox"/> INSERT FOLEY <input type="checkbox"/> STRAIGHT CATH			
		<input type="checkbox"/> URINE DIP <input type="checkbox"/> UA <input type="checkbox"/> C+S			
		<input type="checkbox"/> UCG <input type="checkbox"/> QUANTITATIVE HCG			
		<input type="checkbox"/> GC CHLAMYDIA			
		<input type="checkbox"/> DRUG OF ABUSE <input type="checkbox"/> ETOH LEVEL			
		<input type="checkbox"/> PULSE OX <input type="checkbox"/> TRENDING PULSE OX			
		RADIOLOGY			
		Clinical Indication: _____			
		X-RAY: <input type="checkbox"/> CXR <input type="checkbox"/> PCXR			
		CAT SCAN			
		Clinical Indication _____			
		<input type="checkbox"/> ABD/PELVIS with/without contrast			
		<input type="checkbox"/> KUB <input type="checkbox"/> HEAD with/without contrast			
		<input type="checkbox"/> VASCULAR STUDY			
		Clinical Indication: _____			
		<input type="checkbox"/> ULTRASOUND			
		Clinical Indication: _____			
		<input type="checkbox"/> SAFETY RESTRAINTS			
		<input type="checkbox"/> MAY TRANSPORT WITHOUT TELEMETRY			
		<input type="checkbox"/> ADMIT TO CDU/OBS @ _____			

Prohibited Abbreviations: U, qd, qod, IU, .1 (write 0.1), MS, MS04, MgS04, ug, AS, AD, AU, OS, OD, OU, tw

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UMassMemorial
EMERGENCY DEPARTMENT PHYSICIAN RECORD

NAME: JANA NARENDRA N 001601184

ADDRESS: 3351031

BIRTHDATE: 07/09

SEX: M

Time: Hist. Patient EMS Other Interpreter
Medical Student Signature: _____ MS

HPHCC:
Location:
Quality:
Severity:
Duration:
Timing:
Context:
Modifying Factors:
Associated:

tox consult only

MEDICAL RECORD NUMBER: **IN HI 89786341**
PRINT CLEARLY IN INK OR IMPRINT WITH PATIENT'S CARD

PW:	None	MEDS:	None	FAMILY:	None	SOCIAL:	None
Type I DM	<input type="checkbox"/>	CAD	<input type="checkbox"/>	None	<input type="checkbox"/>	None	<input type="checkbox"/>
Type II DM	<input type="checkbox"/>	MI	<input type="checkbox"/>	MI	<input type="checkbox"/>	MI	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	PIVA	<input type="checkbox"/>	Courtside	<input type="checkbox"/>	CVA	<input type="checkbox"/>
COPD	<input type="checkbox"/>	CABG	<input type="checkbox"/>	See List	<input type="checkbox"/>	DM	<input type="checkbox"/>
HIV	<input type="checkbox"/>	HTN	<input type="checkbox"/>	HTN	<input type="checkbox"/>	HTN	<input type="checkbox"/>
PUD	<input type="checkbox"/>	AFIB	<input type="checkbox"/>	CHOL	<input type="checkbox"/>	CHOL	<input type="checkbox"/>
ESRD	<input type="checkbox"/>	CHF	<input type="checkbox"/>	ALLERGIES:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
GI Bleed	<input type="checkbox"/>	CHF	<input type="checkbox"/>	See List	<input type="checkbox"/>	Other:	<input type="checkbox"/>
SZ	<input type="checkbox"/>	Psych	<input type="checkbox"/>	See List	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	CVA	<input type="checkbox"/>	See List	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	ESLD	<input type="checkbox"/>	See List	<input type="checkbox"/>	Other:	<input type="checkbox"/>

ROS:
COXS: ++ GL: ++ ENDO: ++
EYES: + GLL: + HEME: +
ENT: + Neuro: + Psych: +
CVS: + INTEG: + MMJN: +
RESP: + MS: +

OCCLUSION:
None
Nursing Home
Has Services
Homeless
Ornate/Alone

PHYSICAL EXAM: Alert/Oriented X
VS: Reviewed
BP: P R R
TEMP: C F
PULSE: RA LMP: L
Visual Activity: Right Eye / Left Eye / Bilateral /

PHYSICAL EXAM: Alert/Oriented X
VS: Reviewed
BP: P R R
TEMP: C F
PULSE: RA LMP: L
Visual Activity: Right Eye / Left Eye / Bilateral /

HEAD: NCAT
EARS: NL ABL
EYES: NL ABL
NOSE/SINUS: N Y
PHARYNX: N Y
LUNGS: R L
HEART: N Y
MUSCULOSKELETAL EXAM:
NEUROVASC: NL ABL
COORD:
STRENGTH:
REFLEXES:
FOCAL SIGNS:

DISTRIBUTION: WHITE — MEDICAL RECORD; YELLOW — PHYSICIAN BILLING; PINK — FOLLOW-UP/DEPT; WHITE — PCP
810875 Rev 04/30/09

NAME: JANA NARENDRA N 001601184

ADDRESS: 3351031

BIRTHDATE: 07/09

SEX: M

Medical Student Signature: _____ MS

MEDICAL RECORD NUMBER: **IN HI 89786341**
PRINT CLEARLY IN INK OR IMPRINT WITH PATIENT'S CARD

Rhythm Strip Interpretation	<input type="checkbox"/>	EKG #1	<input type="checkbox"/>	+/- Δ CW	<input type="checkbox"/>
EKG #2	<input type="checkbox"/>	+/- Δ CW	<input type="checkbox"/>		
No Comparison Available	<input type="checkbox"/>				
Interpreted by EP	<input type="checkbox"/>				

RADIOLOGY: CT, SPINE, ED US INTERPRETED BY EP, ETOH, LIP, ASA, ANY, APAP, DOA, ALT, AST, ALP, TBL, Lactate

INTERPRETED BY EP: DW/RADIOLOGIST

TIME MANAGEMENT/INTERVENTION: 1) MED, Exam, VS, CX, SAT; 2) MED, Exam, VS, CX, SAT

RESPONSE: IMP, Same, Worse

CONSULTATIONS/PCP: 1) Discussion / Recommendation; CALLIANS

ATTENDING NOTE: DR. [Signature] TIME/DATE: []

ED Progress:

HPI: CONST, HEENT, Neck, Lungs, CVS, ABD/GI, GU/Pelvic, NEURO, SWIN, LYMPH, PSYCH, EXT/BACK

ASSESSMENT/PLAN:

1. AMI: Aspirin within 24hrs before/during ED stay
2. Chest: 12 Lead EKG patient 40 years/older
3. Syncope: 12 Lead EKG patient 60 years/older

CONDITION: Improved, Guarded, Stable, Expired

DISPOSITION: Home, RX Given, Transfer to: [], ED/OBS Start Time: [], EMH, AMA, Elop, Police, PSYCH

CRITICAL CARE NOTE: The services I provided to the patient were to treat and/or prevent clinically significant deterioration that could result in: (circle all that apply)

System Failure: RESP, Renal, Circulatory, CNS, Multi-Organ, Metabolic
Overwhelming Infection: Severe Shock

Critical Care Time by Attending: _____ mins (cumulative) initials: _____
SEPARATE FROM BILLABLE PROCEDURES

PHYSICAL EXAM: Alert/Oriented X
VS: Reviewed
BP: P R R
TEMP: C F
PULSE: RA LMP: L
Visual Activity: Right Eye / Left Eye / Bilateral /

HEAD: NCAT
EARS: NL ABL
EYES: NL ABL
NOSE/SINUS: N Y
PHARYNX: N Y
LUNGS: R L
HEART: N Y
MUSCULOSKELETAL EXAM:
NEUROVASC: NL ABL
COORD:
STRENGTH:
REFLEXES:
FOCAL SIGNS:

DISTRIBUTION: WHITE — MEDICAL RECORD; YELLOW — PHYSICIAN BILLING; PINK — FOLLOW-UP/DEPT; WHITE — PCP
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Narendra
Jana

In order to limit obligation under medicine, the MRI series images are either erased or not recorded in a subsequent MRI series on 2010 February, 22nd (criminal fraud).

The mentality here is that “if we erase the features that show the toxicity in the MRI series then according to doctors in the US it doesn’t exist”, which is unrealistic and immature. The MRI done in 2/22/2010 is fraudulated for this reason, the MRI series has a number of T1 and T2 images missing making it a incomplete series.

How this fraud was perpetuated in later demonstrated when a MRI clinic erases 799 MRI images to try and hide the pathology.

The neurotoxicity is persistent for a decade and visible in all future MRI series images as a T1 intensity in the same area (globus pallidus) (15 or more brain MRIs show the same feature that causes progressive neurodegeneration), MRI with contrast agent makes it even more clear in some MRIs.

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