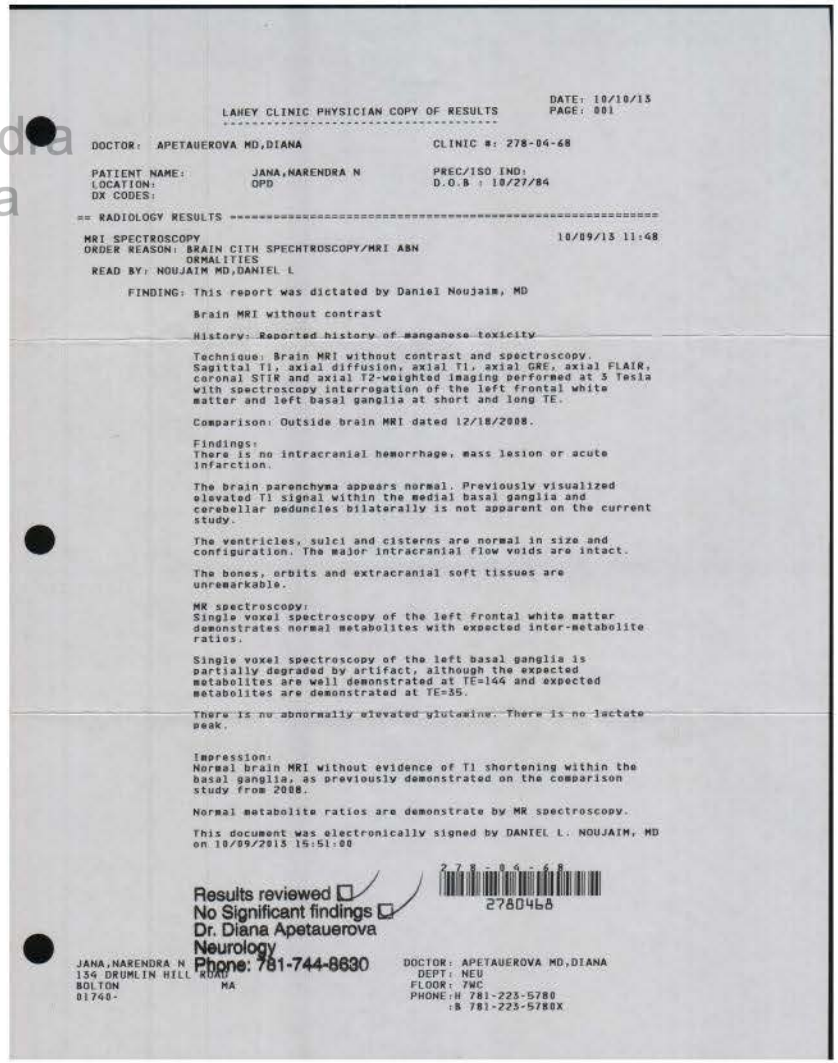
2013 October 10th

- **Dr. Diana Apetauerova - in Lahey Hospital Massachusetts – Burling Hospital**
  - **Medical Falsification and Fraud →**

MRI Done in Lahey Hospital -Burlington, Massachusetts
Dr. Diana Apetauerova:

Dr. Apetauerova does something medically obvious to try and hide the disease process around a metal toxicity. The toxicity effects the part of the brain that if damaged produces a type of Parkinson's. Spectroscopy is a study of the chemistry of the brain in different disease pathologies using MRI. She lies in a very clear way in the SPECT MRI report:



LAHEY CLINIC PHYSICIAN COPY OF RESULTS

DATE: 10/10/13
PAGE: 001

DOCTOR: APETAUEROVA MD,DIANA
CLINIC #: 278-04-68

PATIENT NAME: JANA,NARENDRA N
LOCATION: OPD
DX CODES:
PREC/ISO IND:
D.O.B : 10/27/84

== RADIOLOGY RESULTS ==

MRI SPECTROSCOPY 10/09/13 11:48
ORDER REASON: BRAIN CITH SPECHTROSCOPY/MRI ABN ORMALITIES
READ BY: NOUJAIM MD,DANIEL L

FINDING: This report was dictated by Daniel Noujaim, MD

Brain MRI without contrast

History: Reported history of manganese toxicity

Technique: Brain MRI without contrast and spectroscopy. Sagittal T1, axial diffusion, axial T1, axial GRE, axial FLAIR, coronal STIR and axial T2-weighted imaging performed at 3 Tesla with spectroscopy interrogation of the left frontal white matter and left basal ganglia at short and long TE.

Comparison: Outside brain MRI dated 12/18/2008.

Findings:
There is no intracranial hemorrhage, mass lesion or acute infarction.

The brain parenchyma appears normal. Previously visualized elevated T1 signal within the medial basal ganglia and cerebellar peduncles bilaterally is not apparent on the current study.

The ventricles, sulci and cisterns are normal in size and configuration. The major intracranial flow voids are intact.

The bones, orbits and extracranial soft tissues are unremarkable.

MR spectroscopy:
Single voxel spectroscopy of the left frontal white matter demonstrates normal metabolites with expected inter-metabolite ratios.

Single voxel spectroscopy of the left basal ganglia is partially degraded by artifact, although the expected metabolites are well demonstrated at TE=144 and expected metabolites are demonstrated at TE=35.

There is no abnormally elevated glutamine. There is no lactate peak.

Impression:
Normal brain MRI without evidence of T1 shortening within the basal ganglia, as previously demonstrated on the comparison study from 2008.

Normal metabolite ratios are demonstrate by MR spectroscopy.

This document was electronically signed by DANIEL L. NOUJAIM, MD on 10/09/2013 15:51:00

278-04-68
2780468

Results reviewed ☐
No Significant findings ☐
Dr. Diana Apetauerova
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In the MR spectroscopy section she states “Single voxel spectroscopy of the left basal ganglia is partially degraded by artifact, although the expected metabolites are well demonstrated at the TE = 144 and expected metabolites are demonstrated at TE = 35.”

The spectroscopy is not degraded by “artifact” in the TE = 144 image, the spectroscopy shows the disease pathology in a clear way; the same degradation is seen in TE = 35. It would describe why I have symptoms of Parkinson’s intermittently; sequel to a manganese toxicity. A comparison to the expected metabolites in TE = 35 also doesn’t work because they both have the same artifacts (degradations) and you observe different metabolites in different echo times in spectroscopy (you could repeat the same echo time but you couldn’t use a different echo time for a different result).

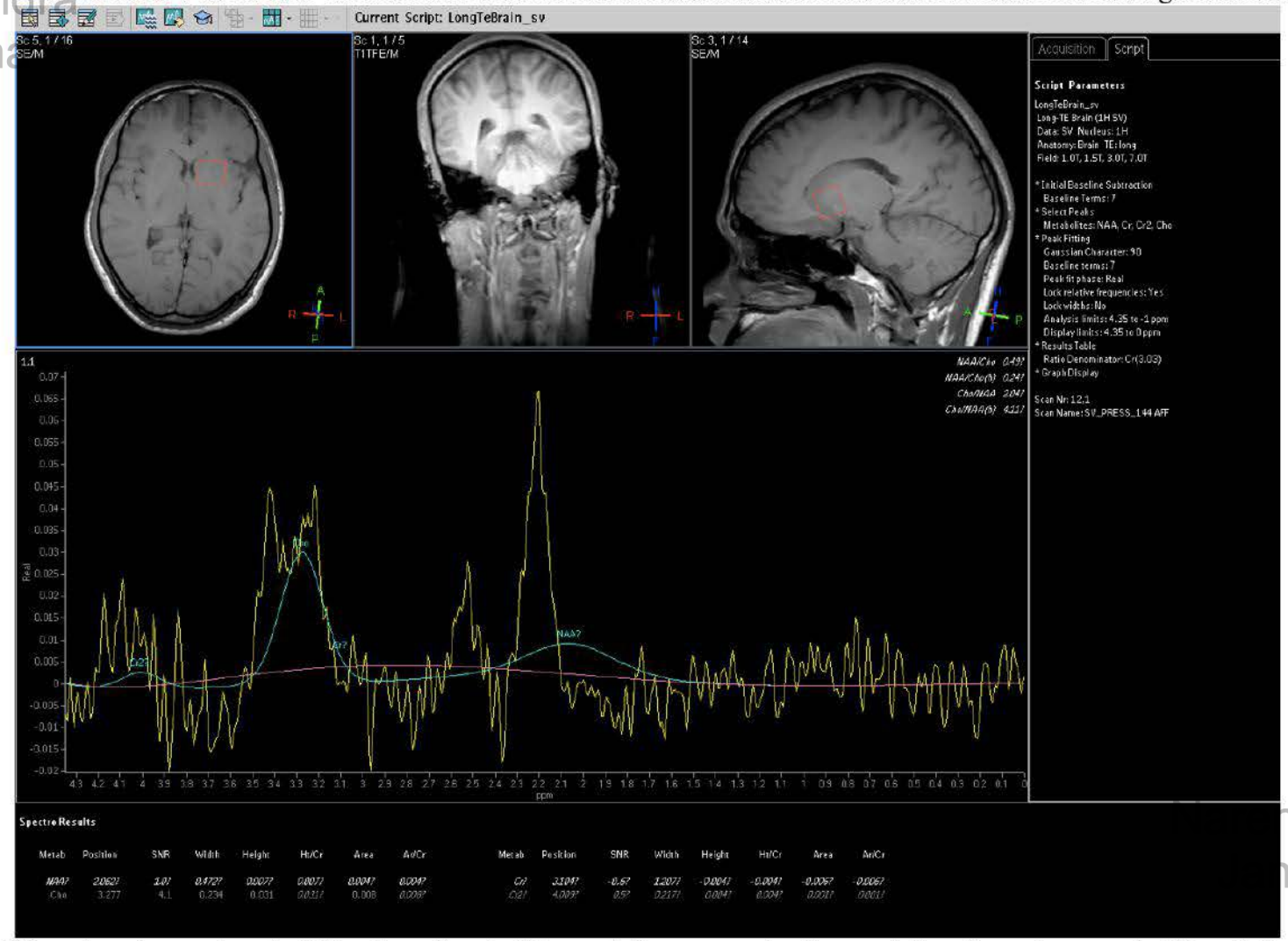
The expected metabolites are not demonstrated in the TE = 144 of the left basal ganglia and it couldn’t be regarded as artifact because it’s a direct sequel to the former MRI that shows large features of inflammation (T1 intensity) in the same region and all MRIs thereafter up to the current MRIs (more then 14 MRIs). The inflammation effected metabolism in this region of the brain and in a very clear way was demonstrated by spectroscopy.

The T1 inflammation is present in all future brain MRIs as well. This change in metabolism would cause rapid changes in interpretation in the person being effected due to rapid changes in the signaling of the neurotransmitter dopamine (personality might seem different at times) and seizures.

Its serves as a clear example of trying to hide a medical pathology to clinically effect a person with a well known and well studied medical pathology.

The spectroscopy images are given below:

The TE = 144 image is given below (note the gross aberrations from normal findings), the software isn't able to determine any peaks or metabolites. For Choline and Creatine there is no determination. This brain structure has been damaged since at least 2009.

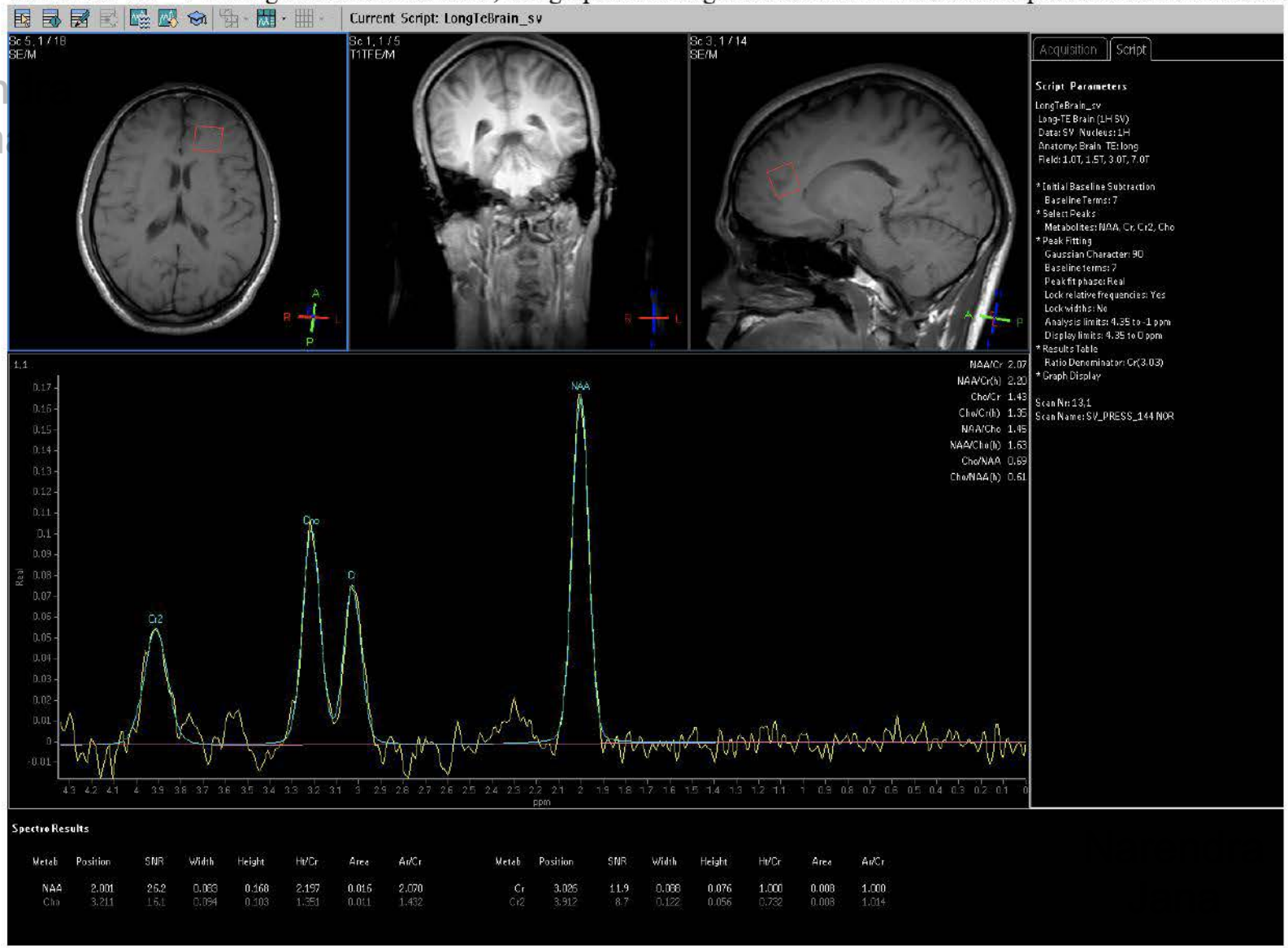


There is a clear and undeniable aberration in this graph from normal values and describes a huge part of the clinical pathology.

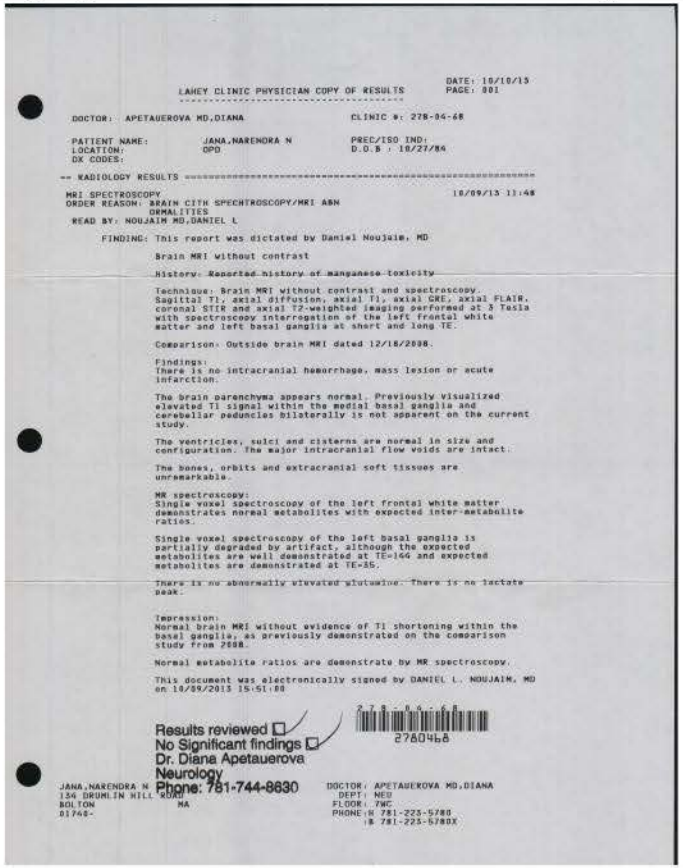
The aberration is demonstrated in comparison with the TE = 35, which also has aberrations from a normal chemistry (the graphs show more noise then there should be).

The TE = 35 image of the spectroscopy is given below, this graph is also degraded but not by artifact:

This is the TE = 144 image of the frontal brain, this graph is not degraded. Its shows well defined peaks to demonstrate difference.



Beyond this the MRI reports states that there is nothing in the series but there may be features of intensity around the verticals of the brain, which is typical of those who have Multiple Sclerosis (its mentioned in the former radiology report). The report mentions that the basal ganglia is "without evidence of T1 shortening within the basal gangalia". The MRI also has missing image planes and series.



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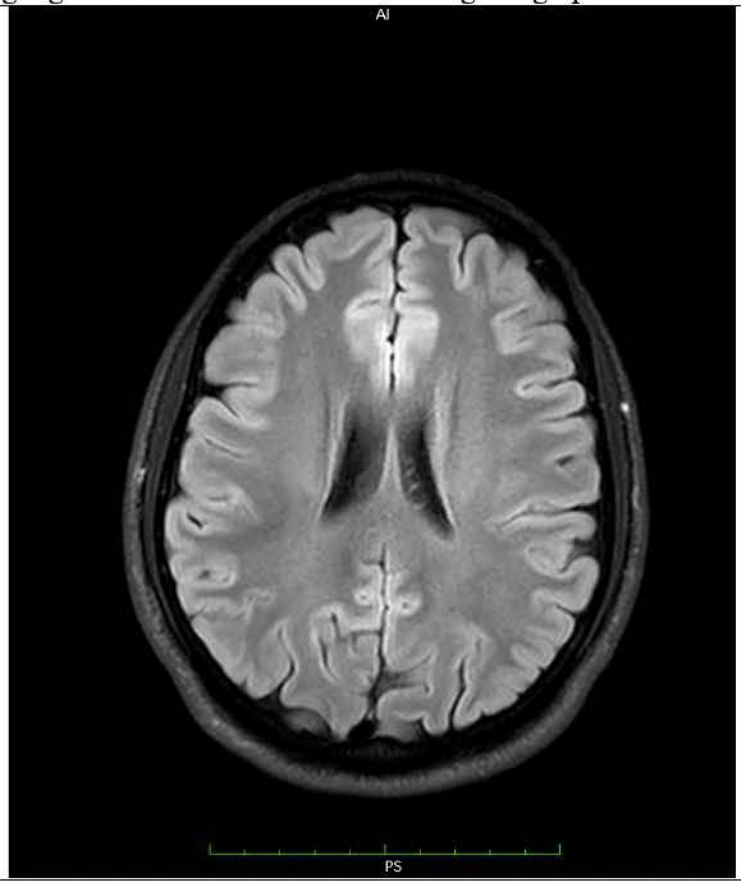

Again its against appropriate medical form, further tests are required to be given. A full MRI of the entire spinal column should have been done by this point along with a lumbar puncture test and diagnostics of MS since it already fits the criteria for MS and Parkinson's.

Its easy to show that MRI series images and planes are missing in this MRI:
The first three images are for spectroscopy (not MRIs)
The rest of the images are less than the number of images and planes in a typical MRI series. 7 image planes and series in the October 10th 2013 MRI vs. 11 image planes and series in the January 10th 2017 MRI series.

Patient name	Report	Lock	Patient ID	Age	Accession Nu...	Study Description	Modality	ID	Comments	Status	Date Acquired
Jana Narendra N		—	2780468	34/28 y	6422131	Mr Spectroscopy	MR	MSPECT			10/9/13, 10:41 AM
JANANARENDRAN TE35						JANANARENDRAN TE35	MR	2			10/9/13, 11:01 AM
JANANARENDRAN TE144						JANANARENDRAN TE144	MR	3			10/9/13, 11:05 AM
JANANARENDRAN TE144 FRONTAL						JANANARENDRAN TE144 FRONTAL	MR	4			10/9/13, 11:12 AM
SAG T1						SAG T1 CLEAR	MR	301			10/9/13, 10:19 AM
dADC						dADC	MR	403			10/9/13, 10:23 AM
sb1000						sb1000	MR	404			10/9/13, 10:23 AM
AX T1						AX T1 CLEAR	MR	501			10/9/13, 10:25 AM
AX GRE						AX GRE CLEAR	MR	601			10/9/13, 10:29 AM
AX 3D FLAIR						AX 3D FLAIR SENSE	MR	701			10/9/13, 10:32 AM
COR IR						COR IR CLEAR	MR	801			10/9/13, 10:36 AM
AX T2						AX T2 CLEAR	MR	901			10/9/13, 10:41 AM
Localizers						Survey	MR	101			10/9/13, 10:16 AM
Nirmal Narende		—	2710...000	34/32 y		Head	MR	2929			1/10/17, 2:55 PM
3Plane Loc SSFSE						. Head	MR	1			1/10/17, 2:55 PM
Ax T2 FSE						. Head	MR	2			1/10/17, 2:56 PM
Ax T2 FLAIR						. Head	MR	3			1/10/17, 2:59 PM
Ax T1 3D FSPGR						. Head	MR	5			1/10/17, 3:02 PM
Cor T2 FLAIR						. Head	MR	6			1/10/17, 3:05 PM
Ax DWI						. Head	MR	7			1/10/17, 3:08 PM
Cor T2 FSE FS						. Head	MR	8			1/10/17, 3:13 PM
3D SWI						. Head	MR	9			1/10/17, 3:16 PM
AxT1 FSPGR						. Head	MR	500			1/10/17, 3:02 PM
Sag T1 FSPGR						. Head	MR	501			1/10/17, 3:02 PM
CorT1 FSPGR						. Head	MR	502			1/10/17, 3:02 PM
Apparent Diffusion Coefficient (mm2-s)						. Head	MR	700			1/10/17, 3:08 PM
FILT_PHA: 3D SWI						. Head	MR	900			1/10/17, 3:16 PM
SWI MinIp						. Head	MR	901			1/10/17, 3:16 PM

Thus fraud in radiology. Fraud followed by clinical negligence in criminal malice.