

2012 September 28th

- **Dr. Georgia Montouris - Boston Medical Center - Boston, MA**
 - **Criminal Fraud →**

Probably Fraudilated EEG Report - Boston Medical Center - Boston, Massachusetts

There was a short hospital EEG done in Boston Medical on September 28th 2012. The EEG file is preanalyzed by both the EEG software and the technician. The technician is aware that I am epileptic and notes it in the EEG waveform. The EEG picks up spikes as the EEG is taking place.

Thought the EEG report fails to report it (which would be illegal in the state of Massachusetts, because its illegal to not report seizures in an epileptic) there are clear spikes in the EEG. The failure to report it is later found to be intentional.

I believe there was adamance in hiding epilepsy because this EEG comes shortly after hospital treatments of electro convulsive therapy. ECT caused recurrent seizures in me and functioned as a neurological insult much like a typical head injury. Epilepsy is medically induced so there was an attempt to hide it. Its covering up malice in a medical setting by falsifying tests thereafter to hide the aftereffects of medical mistreatment, so malice in medical settings followed by criminal fraud.

Narendra
Jana

This EEG report written on October 30th 2012 tries to ignore the appearance of epileptic effects in an EEG as "artifact". The EEG shows features of seizures.

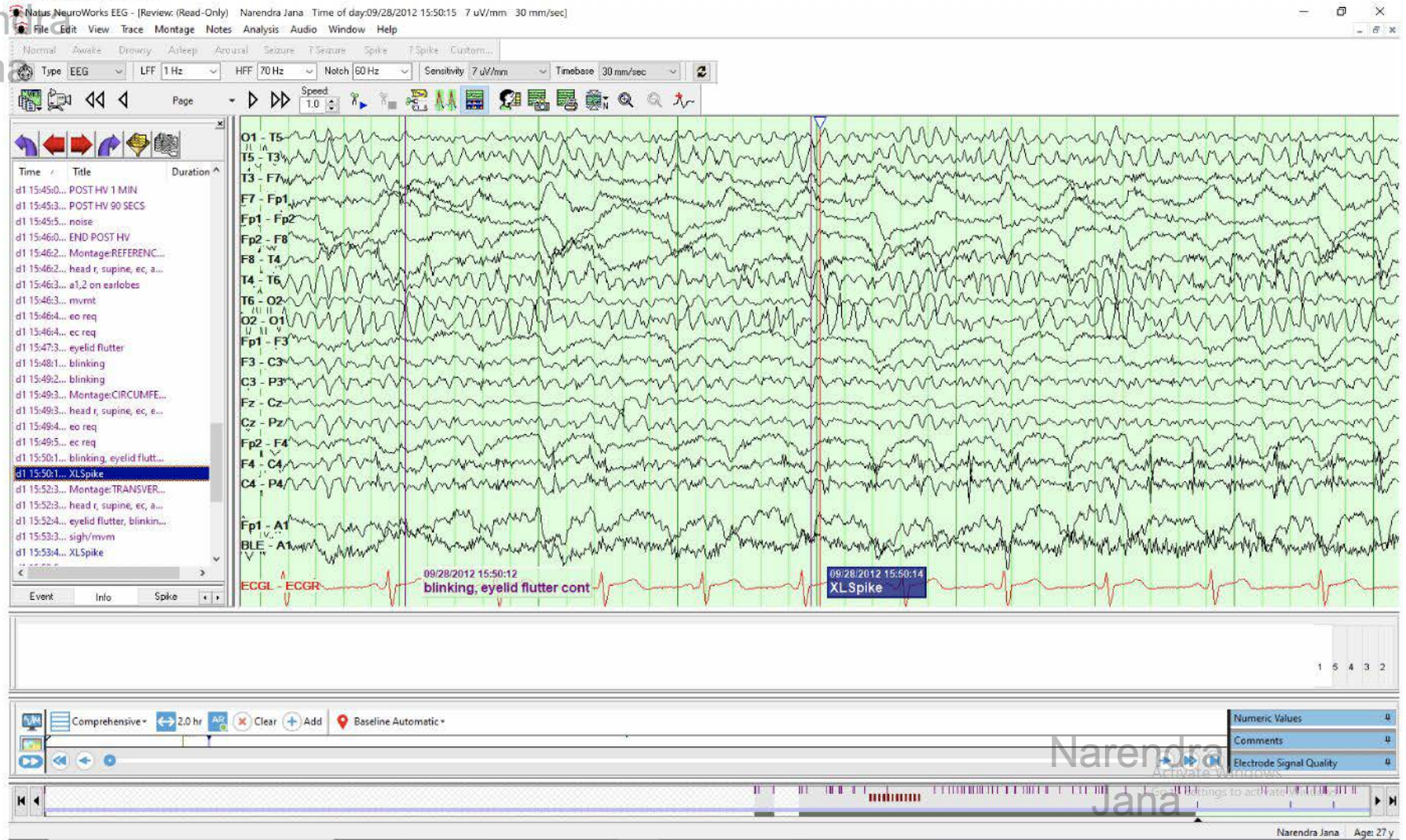
Narendra
Jana

<p>Logician - Office Procedure-EEG Test Result Page 1 of 2</p> <p>JANA, NARENDRA N DOB: 10/27/1984 Sex: M MRN: 3859615 PCP:</p> <hr/> <p style="text-align: center;">Created by Angel Teixeira on 10/01/2012 10:36:35 - SIGNED</p> <p>EEG Reading EEG # 12 - Medication List: * BLOOD TEST depakote, BUN, Creatine, cbc, hepatic profile fax results to 617-638-8465 346.2 dx DEPAKOTE ER 250 MG TB24 (DIVALPROEX SODIUM) 1 by mouth at bedtime for one week then 2 by mouth qhs</p> <p>This routine digital EEG was recorded with the patient in the awake state. The posterior rhythm consist of medium to high amplitude Hz., 10 cps uV seen bilaterally, reactive to eye opening, poorly formed irregular activity. Other Frequent blinking artifact is noted.</p> <p>Sleep was not obtained.</p> <p>Hyperventilation produced no significant change. No paroxysmal activity asymmetry or focal abnormality was seen.</p> <p>This EEG shows a normal recording in the awake state. No focal epileptiform features were seen.</p> <p>Current Medication List 1. Blood test-depakote bun creatine cbc hepatic profile fax results to 617-638-8465 346.2 dx 2. Depakote or 250 mg tb24 1 by mouth at bedtime for one week then 2 by mouth at bedtime</p> <p>Medication Reconciliation</p> <p>Allergies not determined, please review!</p> <p>Updated Contact Information Corrected Address: 134 DRUMLIN HILL ROAD BOLTON, MA 01740-0000</p> <p style="text-align: right;">Final Signature by Georgia Montouris MD (2988) on 10/09/2012 19:05:39</p> <p style="text-align: right;">Authorized by: Archive Process on Oct 09, 2016</p>	<p>Logician - Letter-Neuro test result letter Page 1 of 2</p> <p>JANA, NARENDRA N DOB: 10/27/1984 Sex: M MRN: 3859615 PCP:</p> <hr/> <p style="text-align: center;">Created by Georgia Montouris MD (2988) on 10/30/2012 13:39:26 - SIGNED</p> <p>BU Neurology</p> <p>Boston Medical Center 725 Albany Street, Suite 7B Boston, MA 02118 Phone: (617) 638-8456 Fax: (617) 638-8465</p> <p>October 30, 2012</p> <p>Dear: Mr. NARENDRA JANA 134 DRUMLIN HILL RD BOLTON, MA 017400000</p> <p>I have reviewed your test results: <input type="checkbox"/> x MRI <input type="checkbox"/> CT <input type="checkbox"/> Labs <input type="checkbox"/> EEG <input type="checkbox"/> EMG</p> <p>I recommend the following:</p> <p>MRI is normal.</p> <p>Please call our office if you have any questions. (617-638-8456)</p> <p>Sincerely,</p> <p style="text-align: right;">Authorized by: Archive Process on Oct 08, 2016</p>
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The recorded spikes are given below:

The first spike:



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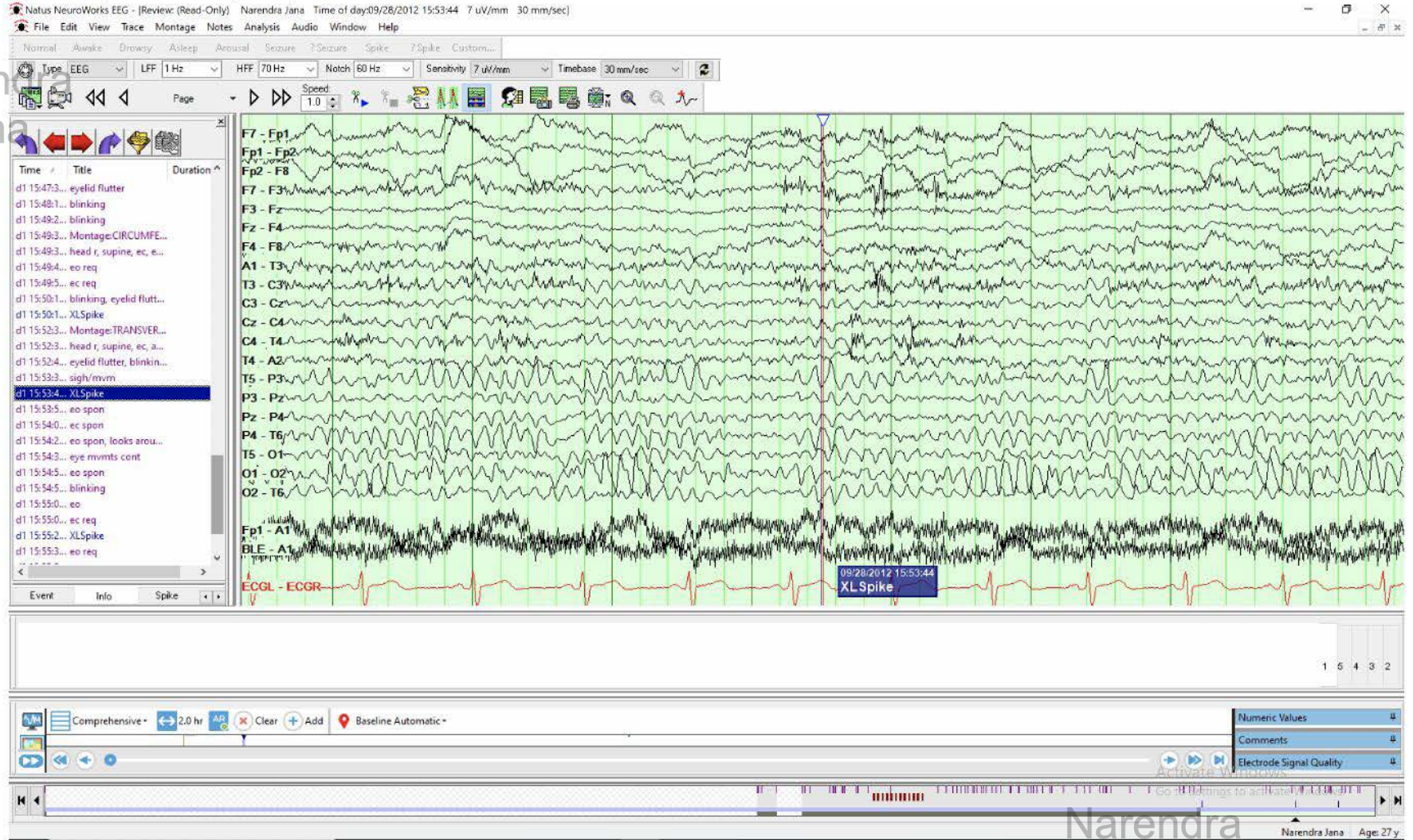
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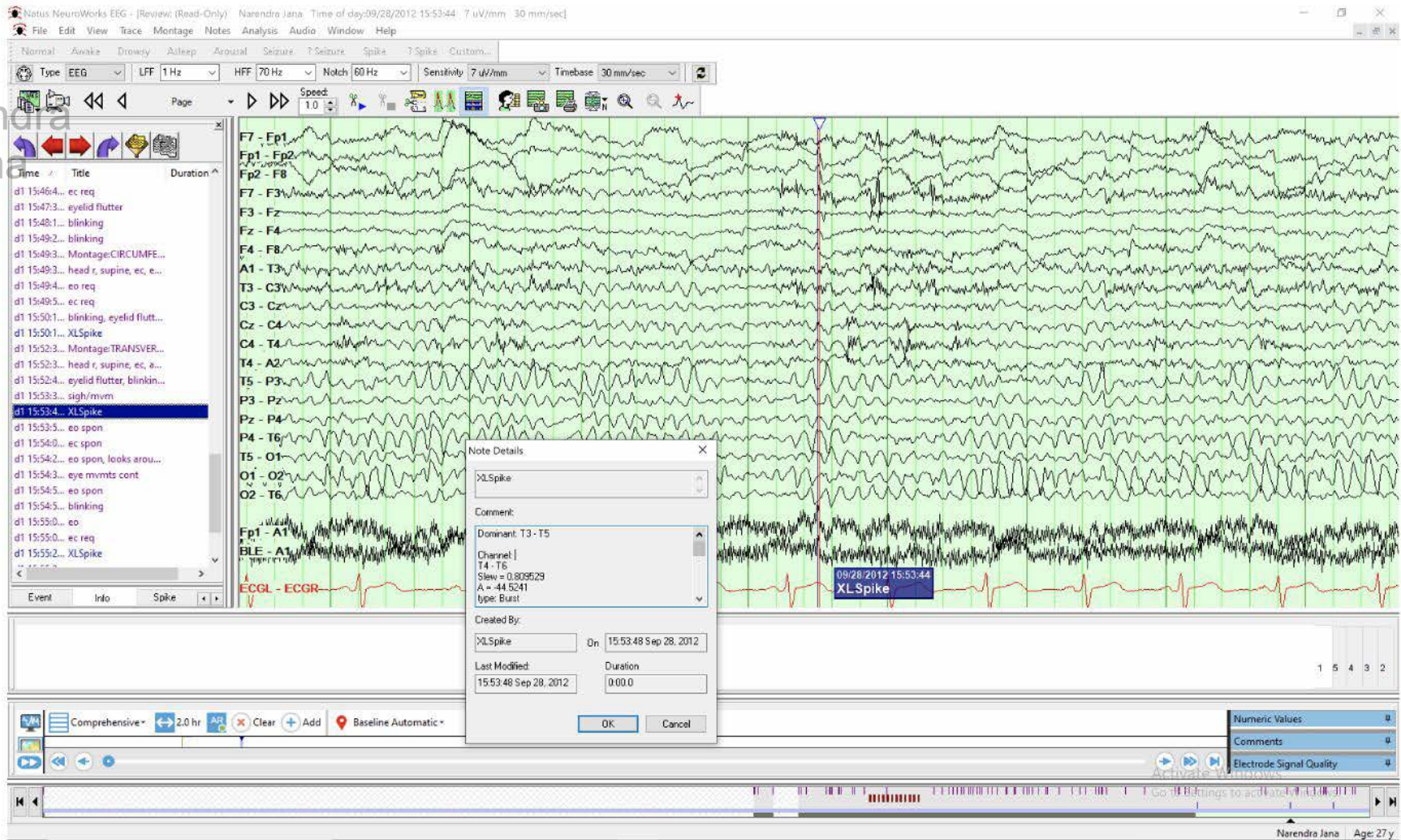


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Second Spike is mainly a rhythmic burst:

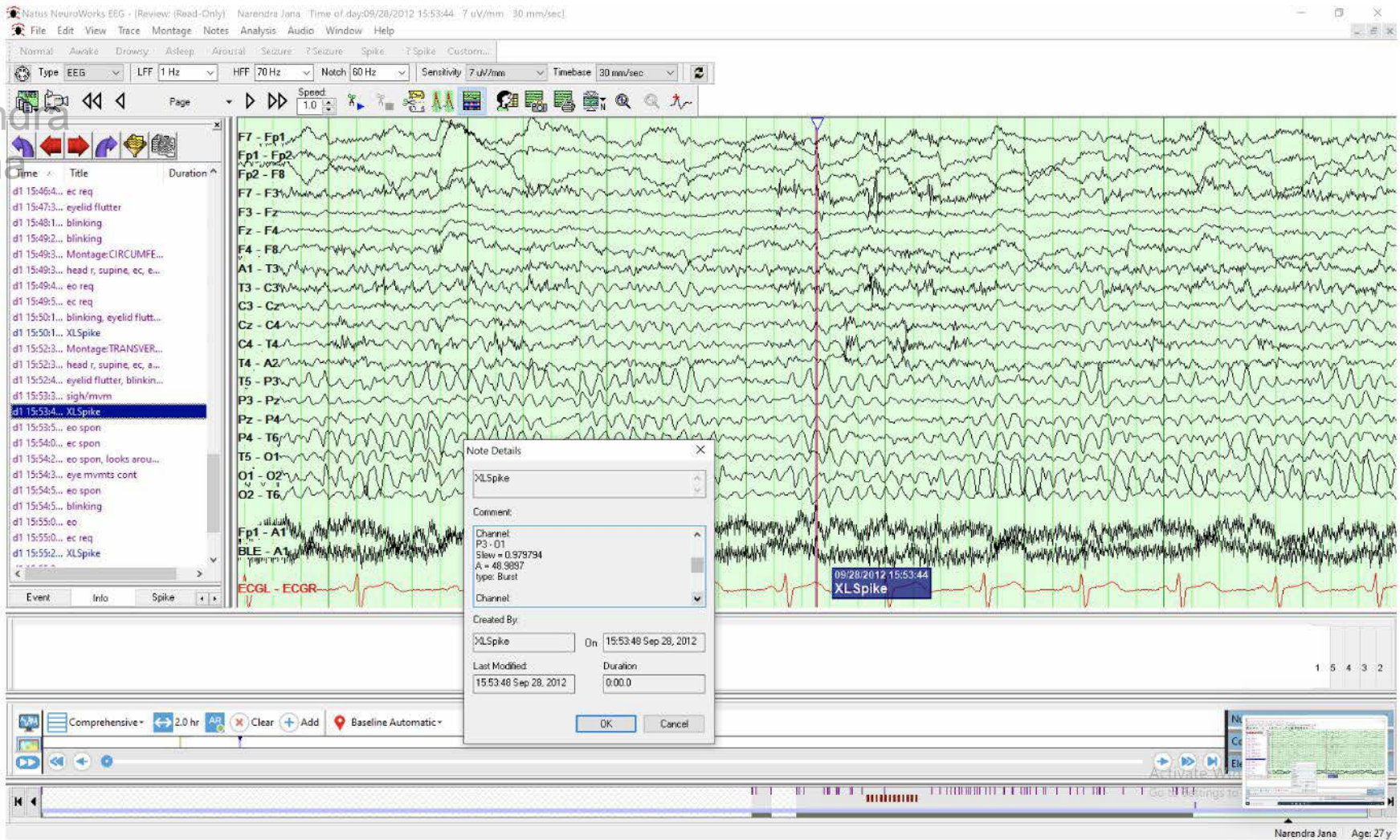


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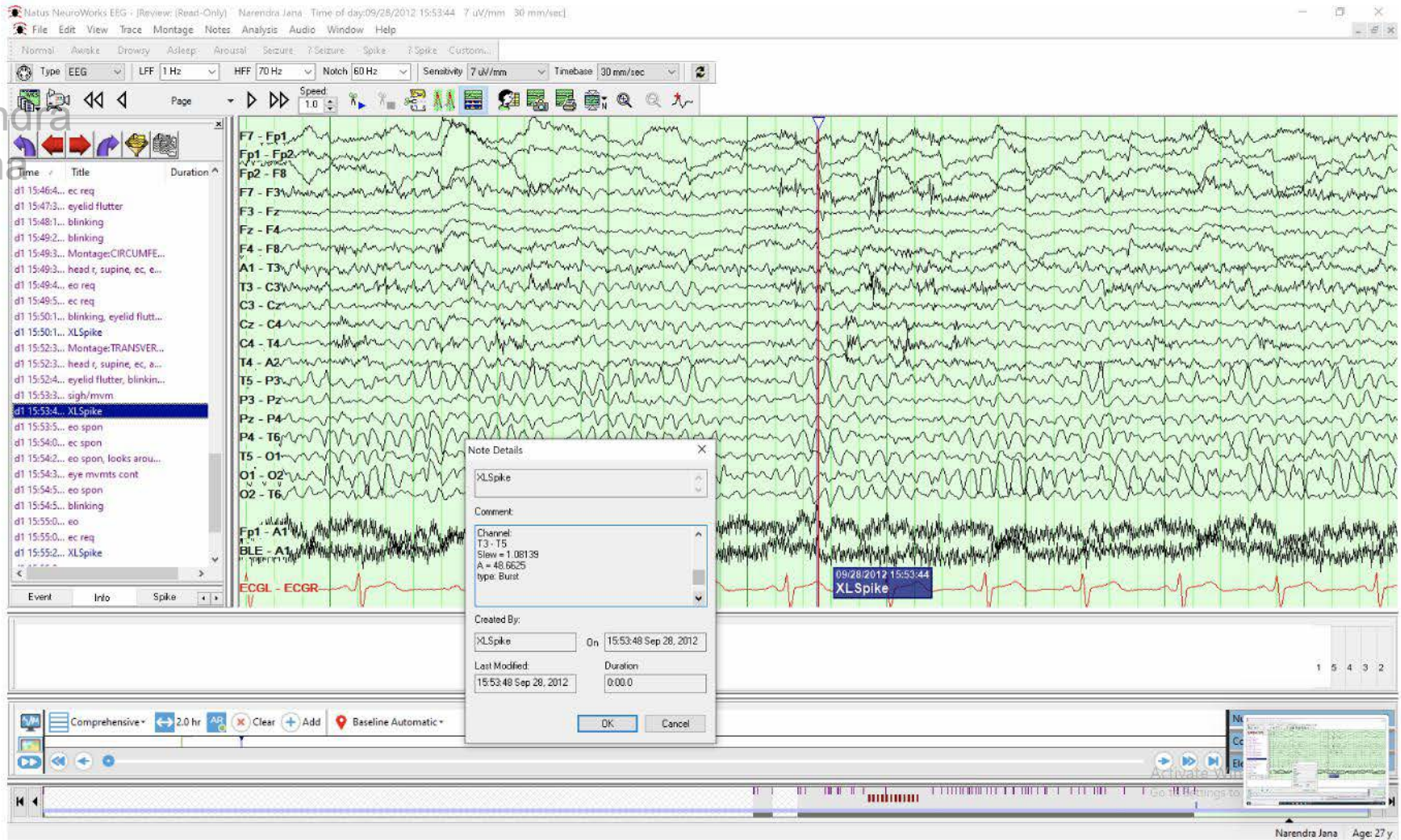
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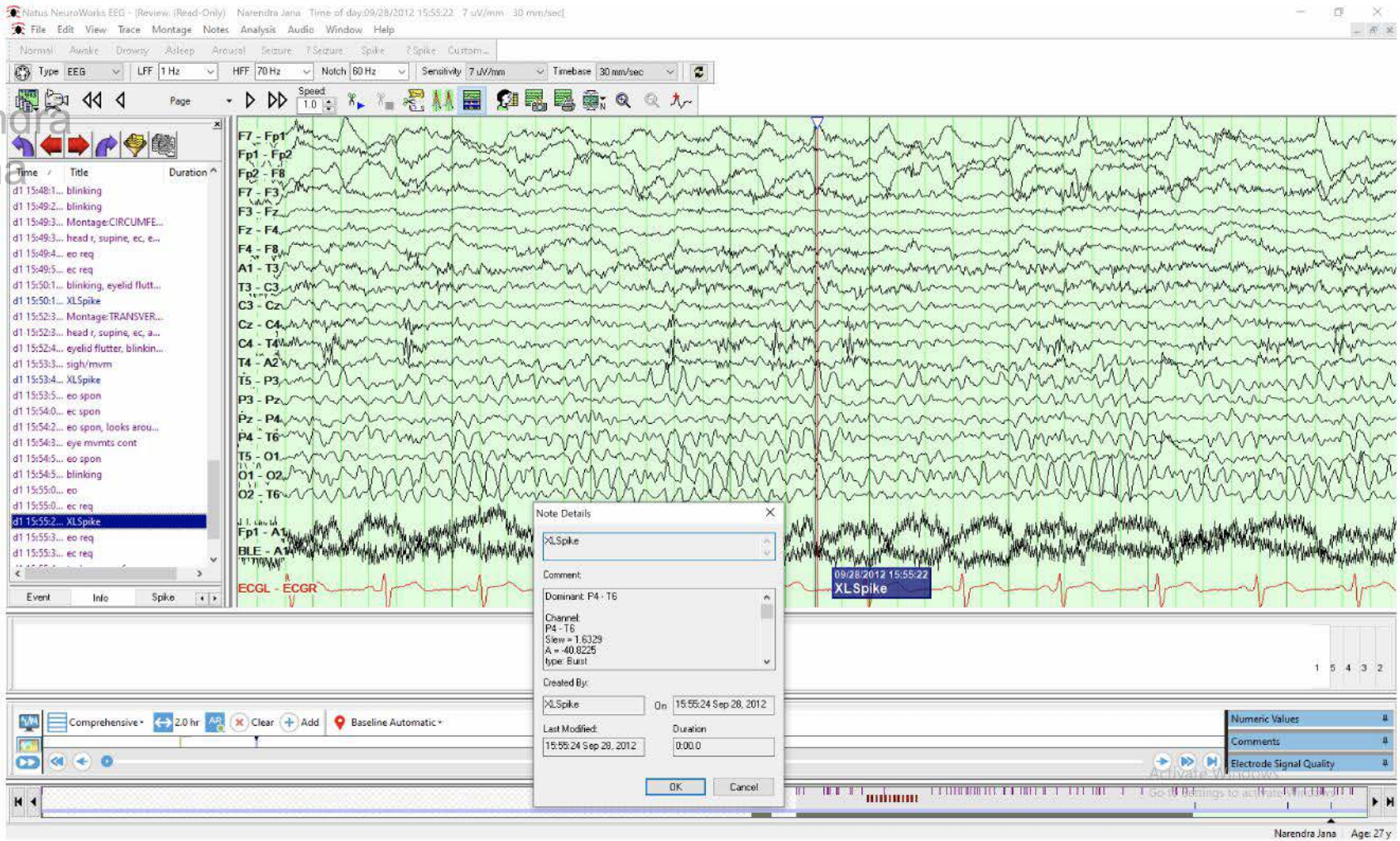


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The third spike is given below:

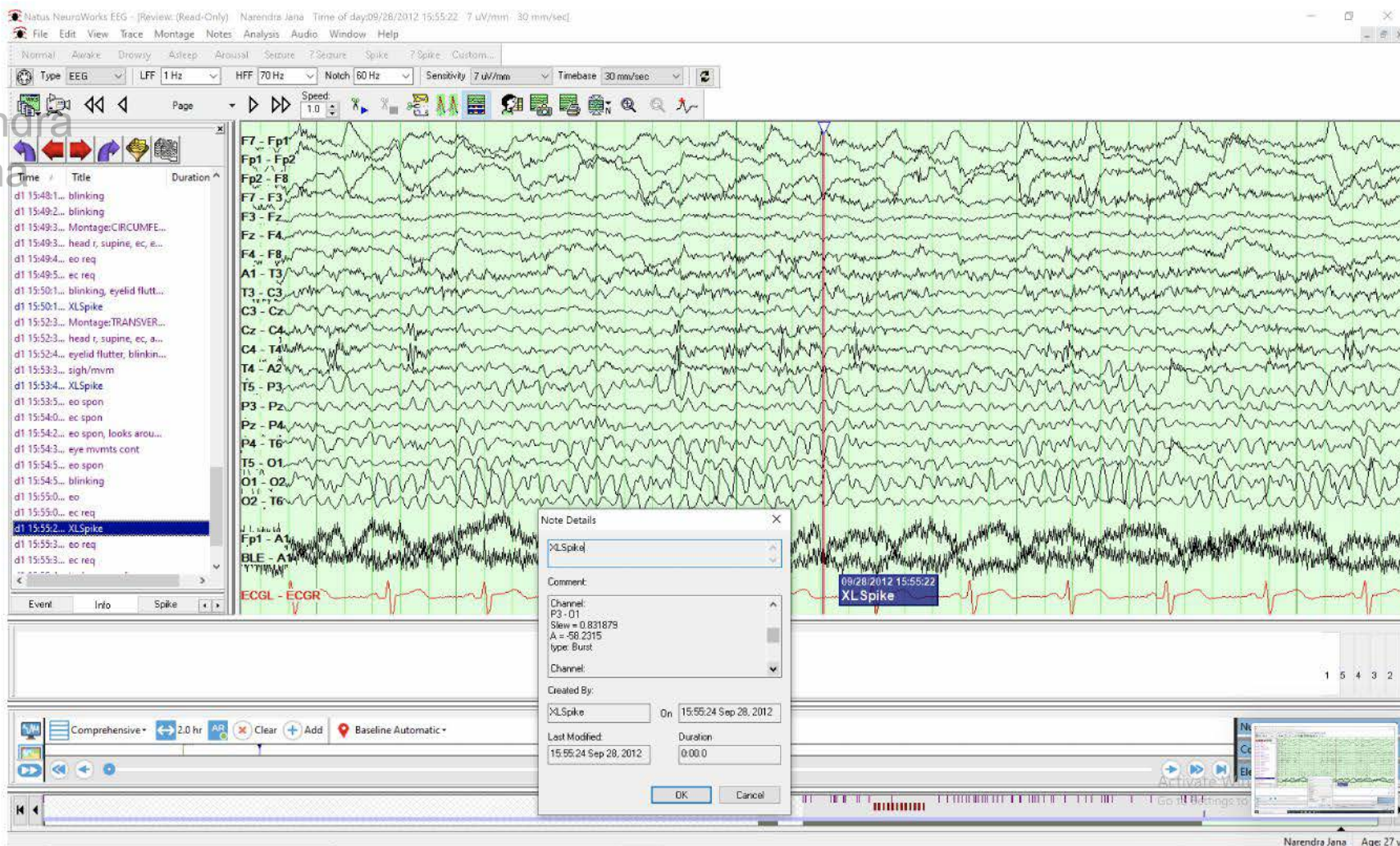


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The overall impression is that I am in an interictal state defined by this EEG, which means that a seizure would eventually be given this EEG. Epileptics are in an interictal state (in-between seizures) for 99% of their existence, but it's easy to see the interictal effects (sharp waves and spikes) in this setting. In future settings it will be far clearer.