



2017 January 10<sup>th</sup>

- Riga 1st Hospital Radiology – Riga Latvia
  - Criminal Fraud that shows all other MRIs are also Criminal Fraud →

Riga 1<sup>st</sup> Hospital Radiology:


What was written in the radiological report from the MRI taken?

The MRI technician hid images during the MRI to hide the disease pathology (video of fraud taking place is available) and the radiologist wrote a false report from the fraudulated MRI data set. The three MRI reports for Brain, Cervical, and Thoracic are given below with English written translations to the right:

<p>DataMod portāls Page 1 of 1</p> <p><b>RADIOLOĢIJAS NODAĻA MAGNĒTISKĀS REZONANSES KABINETS</b> Brupinieku 6, Rīga, LV-1001; Reģistratūra tel. 67366323</p> <p><b>RĪGAS 1. SLIMNĪCA</b></p> <p>Pacients: <b>NIRMAL NARENDE</b> Personas kods: <b>271084-10000</b> Izmeklējuma datums: <b>2017-01-10 15:41</b> Nosaukums: <b>MR, TH-SPINE</b> Izmeklējuma tips: <b>MR, TH-SPINE</b></p> <p><b>Apraksts</b></p> <p>MR mugurkaula krūšu daļai FSET T2, FSE T2 "fat sat", SE T1 sekv. sag. plaknē, FSE T2 sekv. cor. plaknē, FSE T2 sekv. āx. plaknē Th5-Th7 līmenī.</p> <p>Mugurkaula krūšu daļā skolioze pā labi. Mugurkaula krūšu daļas starpkriemeļu disku vēvēšanas spinālā kanālā nekonstatē. Muguras smadzenēs krūšu daļā ar MR metodi redzamas izmaiņas nekonstatē.</p> <p>Ārsts: Ardis Platkājis Apraksta datums: 2017-01-11 18:24</p> <p>Apraksts sagatavots elektroniski un ir derīgs bez parakstā</p> <p><i>12.03.2016 ← Head view →</i> <i>25.03.2017 ch</i></p> <p><a href="https://ris.datamed.lv/doc/a7f0552fa88c17440f080a658a1745e4/">https://ris.datamed.lv/doc/a7f0552fa88c17440f080a658a1745e4/</a> 19.02.2018</p>	<p>Patient: Surname, Name: Narendra Nirmal Jana Patient ID: 271084-10000 Examination date: 10-01-2017</p> <p>MR of the thoracic spine FSE T2, FSE T2 "fat sat", SE T1 sag. plane, FSE T2 cor. plane, FSE T2 ax. plane Th5-Th7 level. There is mild scoliosis to right. Vertebrae, discs, spinal cord in thoracic spine are unremarkable.</p> <p>Assoc.prof. Ardis Platkājis 26.02.2018</p>  <p>Narendra Jana</p> <p>This is the MRI sequence where the radiologist erases images in the video. The report is written from fraudulated data but the MRI shows central lesions in the upper and lower thoracic spine.</p>
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Narendra  
Jana

DataMed portāls Page 1 of 1

  
**RADIOLOĢIJAS NODAĻA MAGNĒTISKĀS REZONANSES KABINETS**  
Brūņinieku 5, Rīga, LV-1001; Reģistrācijas tel. 67366323

**RĪGAS  
1. SLIMNĪCA**

Pacients: **NIRMAL NARENDE**  
Pacienas kods: 27101884  
Izmeklējuma datums: 2017-01-10 16:22  
Nosūtītājs:  
Izmeklējuma tips: **MR, C-SPINE**

**Apraksts**

MR mugurkaula kakla, augšējai krūšu daļai līdz Th4 līmenim FSE T2, FSE T2 "fat sat", SE T1 sekv. sag. plaknē, FSE T2 sekv. cor. plaknē, GR sekv. ax. plaknē C3-C7 līmenī.

Mugurkaula kakla daļā iztaisnota lordoze.  
C3-C4 līmenī paramediāli kreisā pusē diska protrūzija spinālā kanālā par 0,3 cm, ietekmē uz durālo maisu no priekšpusas.  
C6-C7 līmenī centrāli un paramediāli kreisās puses diska protrūzija spinālā kanālā par 0,3 cm, ietekmē uz durālo maisu un muguras smadzenēm no priekšpusas.  
Pārējo mugurkaula kakla, augšējo krūšu daļas starpkriemeļu disku veģēšanas spinālā kanālā nekonstatē.  
Muguras smadzenēs izmeklētā zonā MR redzamas izmaiņas nekonstatē.

**Secinājums**

Spondilozē mugurkaula kakla daļā.

Ārsts: Ardis Platkajis  
Apraksta datums: 2017-01-11 18:45

Apraksts sagatavots elektroniski un ir derīgs bez paraksta

<https://vis.datamed.lv/doc/3069998d7a8d5421b3fe539c246386b4> 19.02.2018

Patient Surname, Name: Narendra Nirmal Jana  
Patient ID: 271084-10000  
Examination date: 10-01-2017

MR of the cervical spine till Th4 FSE T2, FSE T2 "fat sat", SE T1 sag. plane, FSE T2 cor. plane, 3D GR ax. plane C3-C7 level.

There is straightened lordosis in cervical part of spine.

At the levels C3/C4/C5/C6/C7 - intervertebral disk degeneration.

At the level C3-C4 there is paramedian left side intervertebral disk protrusion in spinal canal aprox. 0,3 cm, with mild influence on dural sac.

At the level C6-C7 there is paramedian left side intervertebral disk protrusion in spinal canal, with mild influence on dural sac and spinal cord.

Spinal cord unremarkable.

Conclusion: Spondilosis in cervical spine.

Assoc.prof. Ardis Platkajis  
26.02.2018



The radiologist tried to mis typify the MRI, stating that's "intervertebral disk degeneration". Its spinal atrophy from long term mistreatment of multiple sclerosis and only happens in long-term presentations of multiple sclerosis. Its medical fraud with video to demonstrate medical fraud.

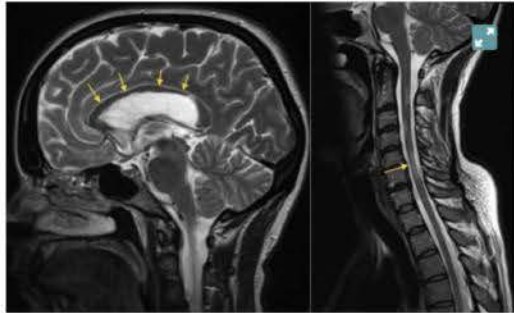
Narendra  
Jana

To give a comparison of my cervical MRI with a medical journal example of spinal cord atrophy seen in specifically multiple sclerosis:

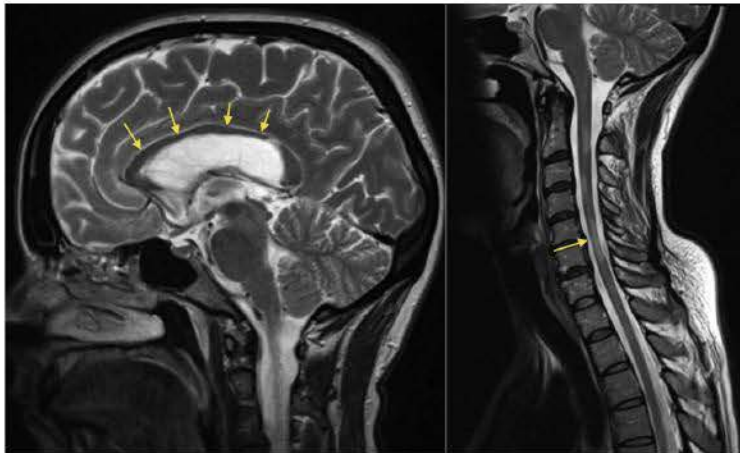
Narendra  
Jana

### Medical Journal Example

#### Multiple sclerosis – spinal cord atrophy



Multiple sclerosis – spinal cord atrophy. One of the imaging features of advanced multiple sclerosis is atrophy of the corpus callosum, illustrated in the sagittal T2-weighted image on the left here (arrows). Note the bright CSF. The patient also had multiple high-signal plaques in the cervical spinal cord, seen on the sagittal T2-weighted cervical spine image on the right. Note the focal area of thinning of the spinal cord (arrow), due to atrophy.



### My Cervical Spine MRI

#### T2 Flair Images



This my cervical spinal column. Its typical of those who have long term of long term neurodegeneration seen in multiple sclerosis. The neurodegeneration progresses form this point, thus making it a progressive form of MS (a type of MS that gets worse if the medications aren't given specifically for MS).

Narendra  
Jana

RĪGAS  
1. SLIMNĪCARADIOLOĢIJAS NODAĻA MAGNĒTISKĀS REZONANSES KABINETS  
Bruņinieku 6, Rīga, LV-1001; Reģistratūras tel. 67386323Pacients: NIRMAL NARENDE  
Personas kods: 271084-10000  
Izmeklējuma datums: 2017-01-10 14:55  
Nosūtītājs:  
Izmeklējuma tips: MR, HEAD**Apraksts**

MR galvai 3D T1 SPGR sekv. ax. plaknē ar rekonstrukcijām sag., cor. plaknē, FSE T2, DWI, SWI sekv. ax. plaknē, FLAIR sekv. ax., cor. plaknē, STIR sekv. cor. plaknē caur redzes nerviem.

Iniciāli nedaudz platākas kortikālās rievas virs pieres, paura daivām, kā arī smadzenīšu augšējā daļā.

Citāda rakstura izmaiņas galvas smadzeņu vielā nekonstatē, perēkļus nekonstatē.

Heterotopijas, atrofijas, sklerozes nekonstatē.

Smadzeņu vēderīņu sistēma parasta platuma.

Redzes nervi, orbītas bez redzamām izmaiņām.

Deguna blakusdobumi pneimatizēti.

Ārsts: Ardis Platkājis

Apraksta datums: 2017-01-11 18:40

Apraksts sagatavots elektroniski un ir derīgs bez paraksta

Patient: Surname, Name: Narendra Nirmal Jana

Patient ID: 271084-10000

Examination date: 10-01-2017

MR of the head FSE T2, DWI, SWI ax. plane, FLAIR ax., cor., planes

There are mild widening of sulci in frontal and parietal lobes, upper part of cerebellum. There are no signs of other type of changes in the brain. No changes in optic nerves.

Ventricles are normal in shape and size.

Orbits and sinuses are unremarkable.

Assoc.prof. Ardis Platkājis

26.02.2018

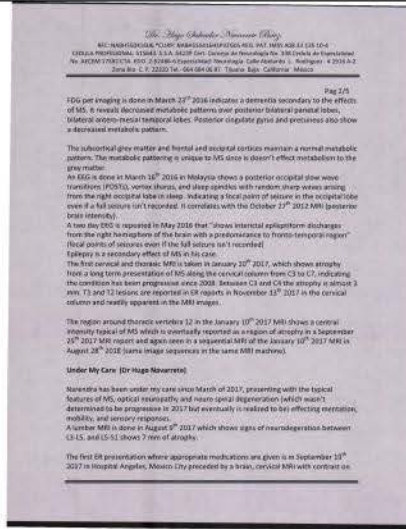


Narendra  
Jana  
There is a feature of T1 inflammation seen in the brain MRIs that isn't mentioned.

# What do the MRI images really show?

Its clearly written in later reports written by neurologists Dr. Hugo Navarrete Baez and seconded by other doctors. (It's the basis of treatment in several ER visits abroad (Mexico, Germany, Thailand and India).

Narendra  
Jana



## According to Dr. Hugo Navarrete:

The first cervical and thoracic MRI is taken in January 10<sup>th</sup> 2017, which shows atrophy from a long term presentation of MS along the cervical column from C3 to C7, indicating the condition has been progressive since 2008. Between C3 and C4 the atrophy is almost 3 mm. T1 and T2 lesions are reported in ER reports in November 13<sup>th</sup> 2017 in the cervical column and readily apparent in the MRI images.

The region around thoracic vertebra 12 in the January 10<sup>th</sup> 2017 MRI shows a central intensity typical of MS which is eventually reported as a region of atrophy in a September 25<sup>th</sup> 2017 MRI report and again seen in a sequential MRI of the January 10<sup>th</sup> 2017 MRI in August 28<sup>th</sup> 2018 (same image sequences in the same MRI machine).

## According to Dr. Louis Amaya the atrophy isn't simply static its progressive and requires medications for secondary progressive MS.

months); it was determined why this was the case. In a comparison between the MRIs taken in January 10th 2017, September 25th 2017, May 30<sup>th</sup> 2018, and August 28th 2018 it was shown that the patient has progressive atrophy of the cervical column, indicating that it is a progressive form of MS that would only have temporary relief and limited efficacy from medications for relapse remitting MS.



## The lie in the MRI series is not trivial and every subsequent lie about a MRI series is even less non-trivial.

Narendra  
Jana

So the situation at this point in 2017 is that even if a doctor orders a MRI series or a diagnostic test for MS it doesn't really matter because they feel that erasing MRI series, fraudulating MRI reports, falsifying EEG reports, and blood tests somehow (and it's a illegal immature and unrealistic mentality to deal with) validates their statements or makes the condition go away. That's not how reality works, the condition progresses resulting in more severe consequences.

The psychology of the US doctors at this point is that they feel that they can continue to make falsified statements in medical settings to perpetuate criminal negligence because they feel that they "got away with it" in past instances. This is what happens next when I move to San Diego, California from Massachusetts.

Narendra  
Jana