

**Figure 5 – Dr. Catania could easily be negated with Surrounding Medical Data and Clinical Presentation**

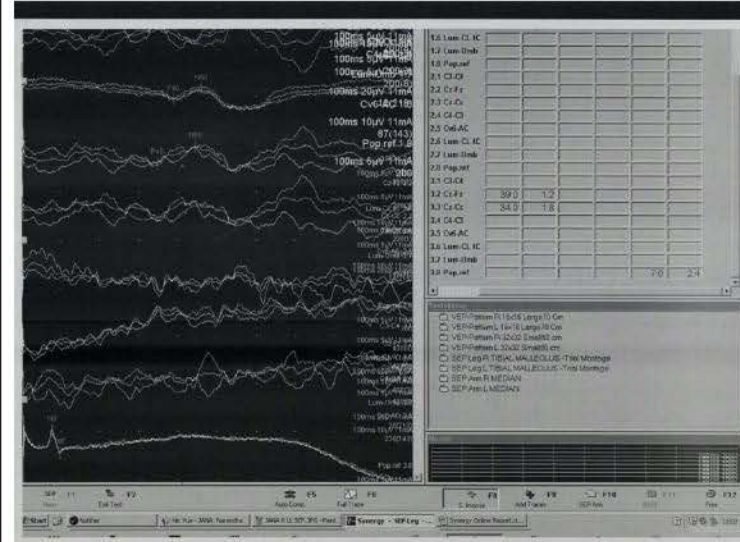
What if we consider surrounding clinical data? Does it strengthen or weaken my case?

If you have a malformed graph there must be a lesion present in the immediately preceding MRI.



This SAG STIR image from July 21, 2019 (shortly before Dr. Trip's August appointment) is a cervical MRI with clear T2 lesion in the cervical spinal column. STIR images have an additive T1 and T2 contrast effect and used to better image lesions. This is where clinical fraud becomes apparent, Dr. Catania is making statements against gross and clear features in a MRI series. Considering the MRI these malformed graphs must exist by medical reasoning and the malformed graphs further substantiate that there must be a lesion in the MRI.

Its not a matter of opinion, it's a mathematical equation in medical science. The malformed graph to the right of the left tibial (leg) SEP must exist due to lesions in a person's spinal column MRI (either cervical or thoracic).



Features of T1/T2 lesions exist in more than 7 MRIs before the July 21<sup>st</sup> MRI and were used to determine that the condition is secondary progressive MS. The determination that its secondary progressive MS was a diagnosis upheld by more medical evidence than most MS patients have within their lifetimes in clinical course. From ER appointments, to MRIs, to medication effectiveness (only monoclonal antibodies or higher are effective), to repeated presentation in doctors appointments, to diagnostic data, and clinical course of over a decade it was determined to be secondary progressive MS. Secondary progressive MS could have been prevented in the past but was perpetuated due to the object of negligence and mis treatment.

*Dr. Hugo Salvador Navarrete Báez.*

RFC: NABH550416J6 \*CURP: NABH550416HSPVZG05 REG. PAT. IMSS A08 33 135 10-4  
CEDULA PROFESIONAL: 515643. S.S.A. 64239 Cert. Consejo de Neurología No. 338 Cedula de Especialidad  
No. AECEM 17582 CTA. EDO. 2-52486-6 Especialidad: Neurología. Calle Abelardo L. Rodríguez # 2916 A-2  
Zona Rio C. P. 22320 Tel.- 664 684 06 87 Tijuana Baja California México

Tijuana, Baja California, México. September 20th, 2018

To Whom It May Concern:

I hereby have followed the patient Jana Narendra a 33 year-old male, because of Multiple Sclerosis, Secondarily Progressive, since May 18, 2017. The patient was on Interferon (Rebif) with poor response. It was switched for Gilenya since last October 2017. There was no efficacy, and again was switched to interferon. He had a short sessions of plasmapheresis a week ago, with improvement, and now he is on Dimethyl-fumarate (Tecfidera) 240 mg twice a day. He needs to continue on medication (Tecfidera at present time) indefinitely.

Best Regards

DR. HUGO NAVARRETE  
NEUROLOGIA  
D.G.P. 615643 S.S.A. 64239  
CERTIFICADO 338

Dr. Hugo Salvador Navarrete Báez. NEUROLOGY (Mexican Board Certified) Med Lic 515643  
Neurólogo. Certificado por el Consejo Mexicano de Neurología.  
Egresado de la Universidad Nacional Autónoma de México  
Post-grado en Centro Médico de Occidente, I.M.S.S.  
Av. Abelardo L. Rodríguez 2916-A2, Zona del Río, Tijuana, B.C. c.p. 22320 Tel.(664) 684 0687  
Cert. No. 338 Cédula Profesional No. 515643 S.S.A. 64239  
R.F.C. NABH550416J6 Cédula de Especialista: AECEM 17582

NEUROLOGIE BERLIN-MITTE

Friedrichstraße 185  
10117 Berlin (Mitte)

Telefon 030-44 88 60 2  
Telefax 030-42 80 92 72

praxis@neurologie-berlin-mitte.de  
www.neurologie-berlin-mitte.de

Neurologie Berlin-Mitte - Friedrichstr. 185 - 10117 Berlin


Berlin, 06.12.2018

To whom it may concern

Mr Narendra Nirmal Jana, \* 27.10.1984, Markgrafenstr.68, 10969 Berlin

I hereby confirm that Mr Narendra Nirmal Jana suffers from multiple sclerosis (MS), judging from his clinical presentation, MRI series data, and diagnostic medical tests. The clinical course was relapsing remitting in the first few years of the disease and now developed into a secondary-progressive course (as could be expected in a progressive neurological disorder). So, there is an urgent need for continuous medications for MS. Mr. Narendra Nirmal Jana is currently on dimethyl-fumarate (Tecfidera) 240mg twice a day.

Sincerely

  
Dr. med. S. Klaffke  
Neurologist

Neurodegeneration is also hard to hide because there is always an external presentation of the clinical condition. If there is a lesion in a person's cervical column there must be belated movements in a person arms, repeatedly recorded in countless medical and hospital appointments. Medical and hospital appointments inherently mean disease exacerbations.

These presentations are always recorded for future reference:

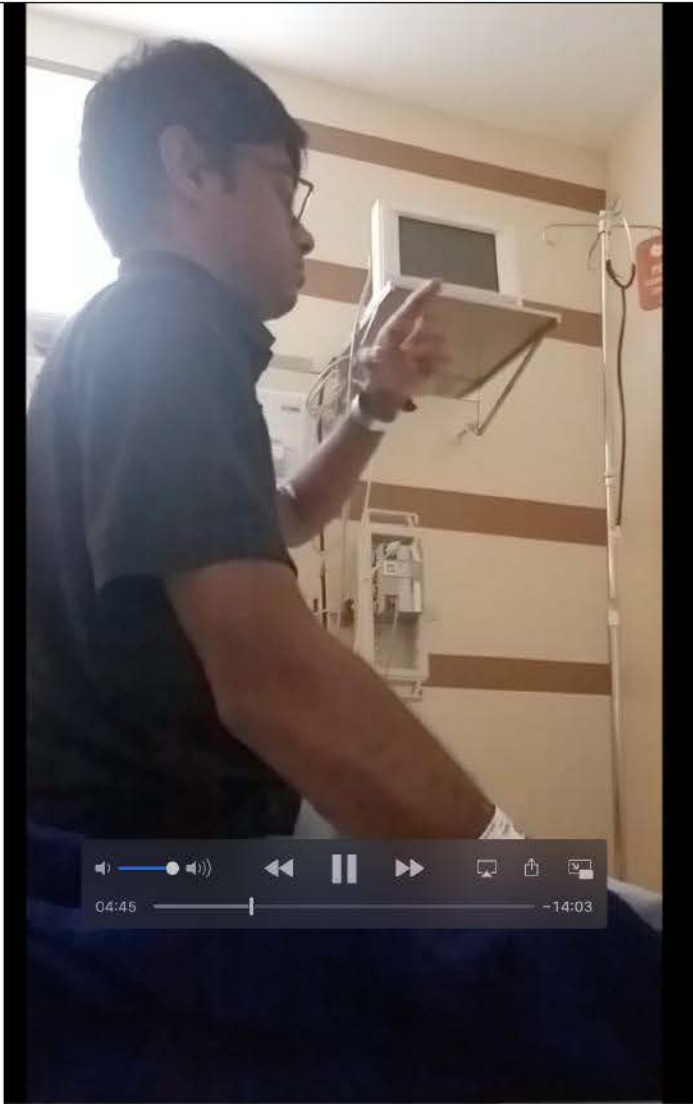


January 2017 Appointment



September 2017 ER





October 2017 ER



January 2018 ER



March 2018 ER



A hand to nose test is a good way of checking nerve reflexes and further substantiates the clear lesions in my cervical column. The full videos are available if needed for a legal or trial setting.