

2014 July 29th to July 30th

- **NYU Neurology - Dr. Souhel Najjar and Kimberly Menzer - NYU Neurology- New York, New York, USA**
 - **Criminal Fraud and Negligence →**

NYU Medical Fraudulated EEG test - Dr. Souhel Najjar and Kimberly Menzer

An ambulatory EEG was done on July 29th and July 30th, for which a falsified report was written, this is medical fraud in the state of New York with a legal consequence. Its required for a physician to inform the patient that he has epilepsy so the patient could report it to the state DMV (in NYC and Massachusetts) to restrict driving to prevent accidents; it endangers motorists. The reports states “no epileptiform activity was present” which is not true (the EEG analysis is given below). It states “no clinical events or seizures were recorded, which is also not true, there were several recorded seizures. The report states “this EEG study neither refutes nor supports a diagnosis of epilepsy” when there are clear features of epilepsy in the EEG.

The report is in the next page:

EEG AMBULATORY - 48 HOURS

Status: Final result (Resulted: 8/4/2014 13:02)

Results

Result Date - 8/4/2014

Narrative

Melissa L Bernbaum, MD 8/4/2014 1:02 PM

Date of Connection: 7/29/2014

Date of Disconnection: 7/31/2014

Duration of Ambulatory EEG: 48 hours

History:

Narendra Jana is a 29 y.o. male referred for Ambulatory EEG with a history of: paroxysmal events of unclear etiology.

No current outpatient prescriptions on file.

Technique:

A 21 channel electroencephalogram (EEG) recording using the International 10-20 system was performed utilizing a TrackIt Ambulatory EEG system.

EEG Background:

The waking background was characterized by the presence of a well organized symmetric mixture of alpha and beta frequencies, with a symmetric and reactive 9 Hertz posterior dominant rhythm (PDR). The normal anterior-to-posterior gradient of frequency and amplitude was present.

During drowsiness, slow rolling eye movements, attenuation and fragmentation of the posterior dominant rhythm and diffuse background slowing.

There was normal sleep architecture, with synchronous and symmetric vertex waves, sleep spindles and K-complexes present during Stage II sleep. Slow wave sleep architecture was preserved.

No generalized slowing was present. No focal slowing was present.

Paroxysmal Activity (non-epileptiform):

None

Epileptiform Activity:

No epileptiform activity was present.

Clinical Events:

Between 7/29/14 at 22:05 and 7/31/2014 at 18:29 there were 15 push button events. There was no event log with a description of these events. Each event was reviewed and none showed any epileptiform correlate or electrographic background change.

Impression:

This is a normal EEG study in the awake and asleep states. No epileptiform activity was seen and no clinical events or seizures were recorded.

Clinical Correlation:

This normal EEG study neither refutes nor supports a diagnosis of epilepsy.

The events for which the patient pushed the event button do not appear to be epileptic in nature.

Lab and Collection

EEG AMBULATORY - 48 HOURS (Order: 61436912) - 7/31/2014

Result Information

Status: Final result (Resulted: 8/4/2014 13:02) Provider Status: Open

Order Report

[Order Details](#)

View SmartLink Info

EEG AMBULATORY - 48 HOURS (Order #61436912) on 7/31/14

The EEG shows seizures with a consistent frequency. It also shows spikes and slow waves with consistent frequency. The seizures correlate well with the surrounding data.

There are a number of unique peculiarities about this EEG, the epileptologist used Persyst to detect the seizures in 2014, the .lay files were created in August 2nd, 2014. The EEG was fully preanalyzed for me so the seizure detects were seen by the epileptologist in 2014 and ignored. Some detected seizures aren't seizures but some are clear seizures with the typical patterning of seizures. It indicates the overall patterning of trying to hide, falsify or mis typify medical data to further medical negligence. The file listing is given below, the .lay file indicates when the waveform was analyzed.

I am simply viewing the pre analyzed data:



Name	Date Modified	Size	Kind
EdtOutputFileName	19 Nov 2019 at 23:59	4.4 MB	TextEdit
NARENDRA_JANA_2014_07_29.EDF	1 Aug 2014 at 22:12	3.02 GB	Document
NARENDRA_JANA_2014_07_29.lay	2 Aug 2014 at 02:40	4 KB	LAY file
NARENDRA_JANA_2014_07_29.mg2	4 Aug 2014 at 15:29	908.6 MB	Document
NARENDRA_JANA_2014_07_29.mg2.af1	15 Dec 2019 at 23:04	84 bytes	Document
NARENDRA_JANA_2014_07_29.mg2.af2	15 Dec 2019 at 23:04	84 bytes	Document
NARENDRA_JANA_2014_07_29.mg2.indx	4 Aug 2014 at 15:29	99.4 MB	Document
NARENDRA_JANA_2014_07_29.mg2.ntf.xml	15 Dec 2019 at 23:06	846 bytes	XML
NARENDRA_JANA_2014_07_29.mg2.xml	1 Aug 2014 at 23:17	276 bytes	XML
NARENDRA_JANA_2014_07_29.sd4	15 Dec 2019 at 23:05	4.7 MB	Document
NARENDRA_JANA_2014_07_29.TEV	1 Aug 2014 at 22:12	9 KB	Document
System Volume Information	1 May 2019 at 09:52	--	Folder

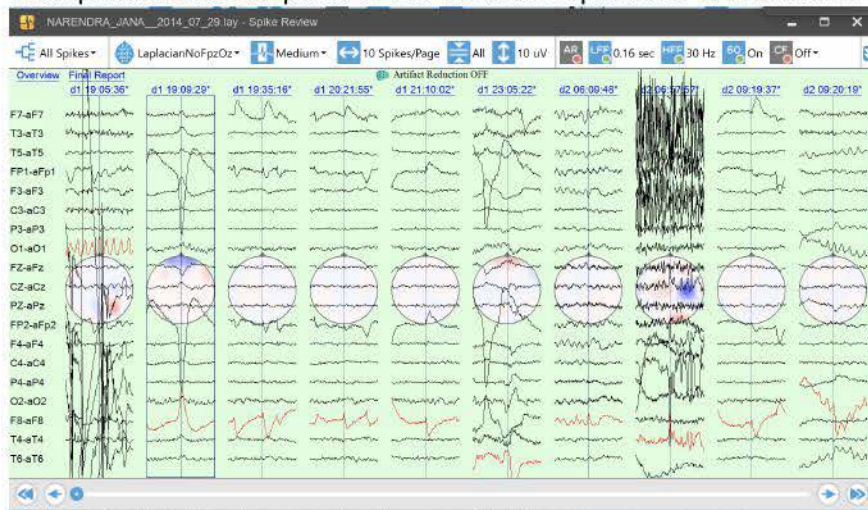
Judging by the behavior with respect to this particular EEG it could be assumed that the previous three EEGs in Boston Medical, Beth Israel, and Harvard Medical also had spikes and were intentionally attempted to be hidden to try and hide the medical and neurological pathology behind MS. Its fraud and criminal malice in a medical setting.

The EEG in Boston Medical for example shows clear spikes, and the report doesn't mention it.

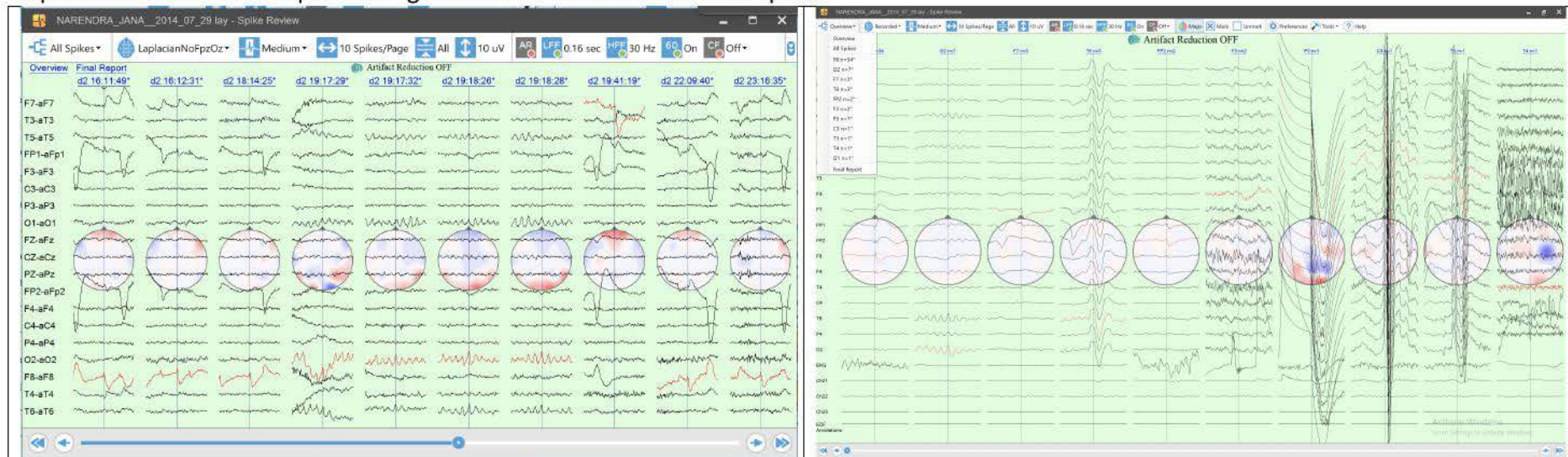
The presence of full seizures was well known to NYU.

The number of spikes and seizures in this EEG are overabundant, indeed they are so abundant that it would be unquestioned that I was have seizures. The seizures are secondary to MS.

The spikes here take place in the F8 and O2 portions of the brain:



F8 predominates with 34 spikes along with O2 which has 7 recorded spikes.



Both generate full seizures in a consistent frequency.

The appendix below takes into account as many recorded seizures as possible, while negating artifact.

The legal bind in this EEG is that in most states in the US if seizures are detected and not reported its an automatic crime because it endangers the patient and the general public. Epileptics that have seizures while driving have a high probability of causing motor vehicle accidents, and thus they are required to report it to the state that they are epileptic.

NYU in this instance falsifies the EEG report in addition to the falsified blood tests in the same medical setting. Non trivial crime in an attempt at malice in a medical setting to cause physical harm.

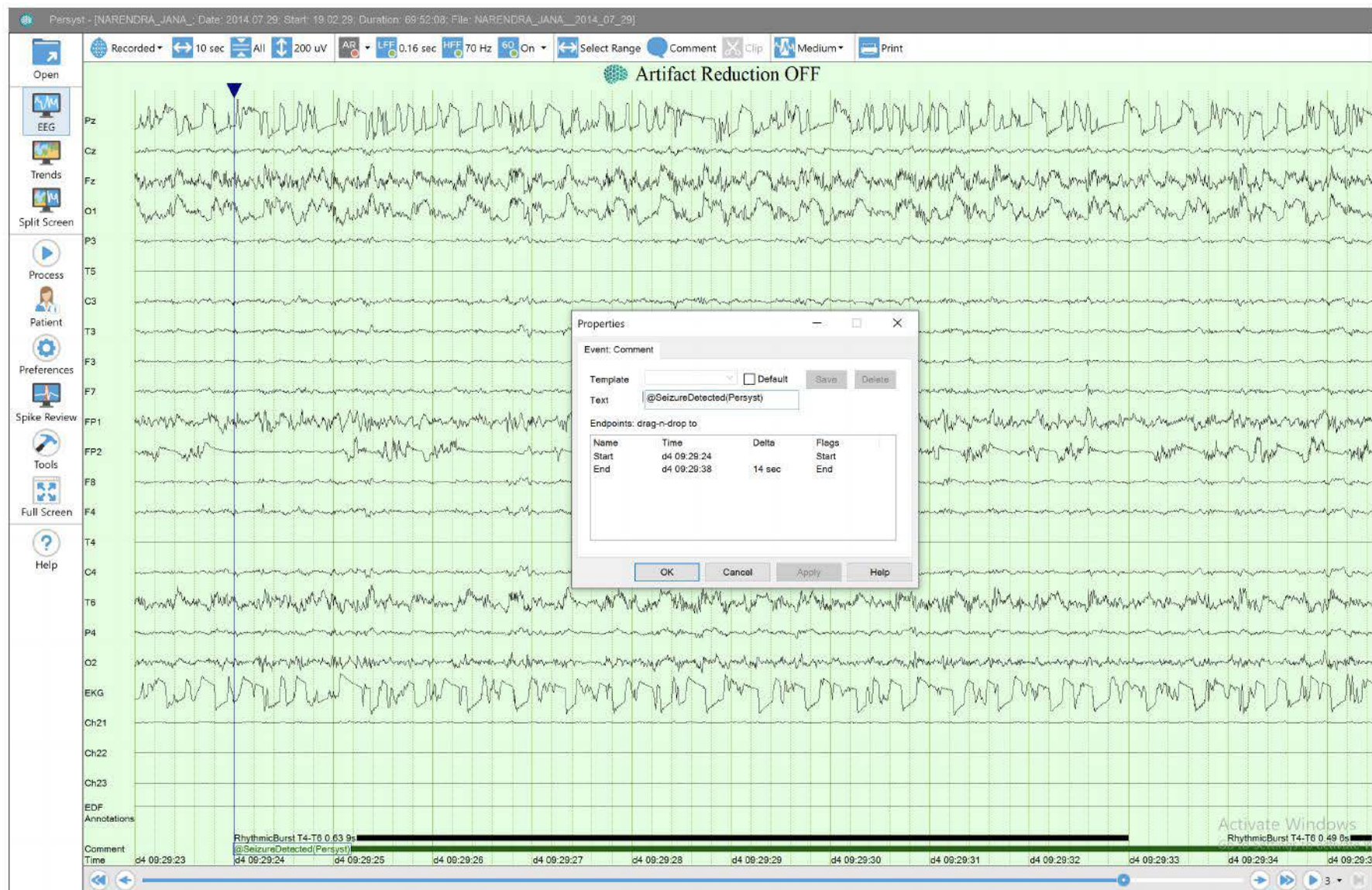
If any other doctor in New York state tried to negate the medical data here they wouldn't succeed because of the clearness of the medical of evidence of medical fraud here in the context of the overall case. Dr. Valentine is mentioned in the report by Dr. Kimberley Menzer but he was only seen twice for a 25 minute appointment and isn't a treating physician that did any diagnostics (no diagnostics and no prescriptions); he is irrelevancy.

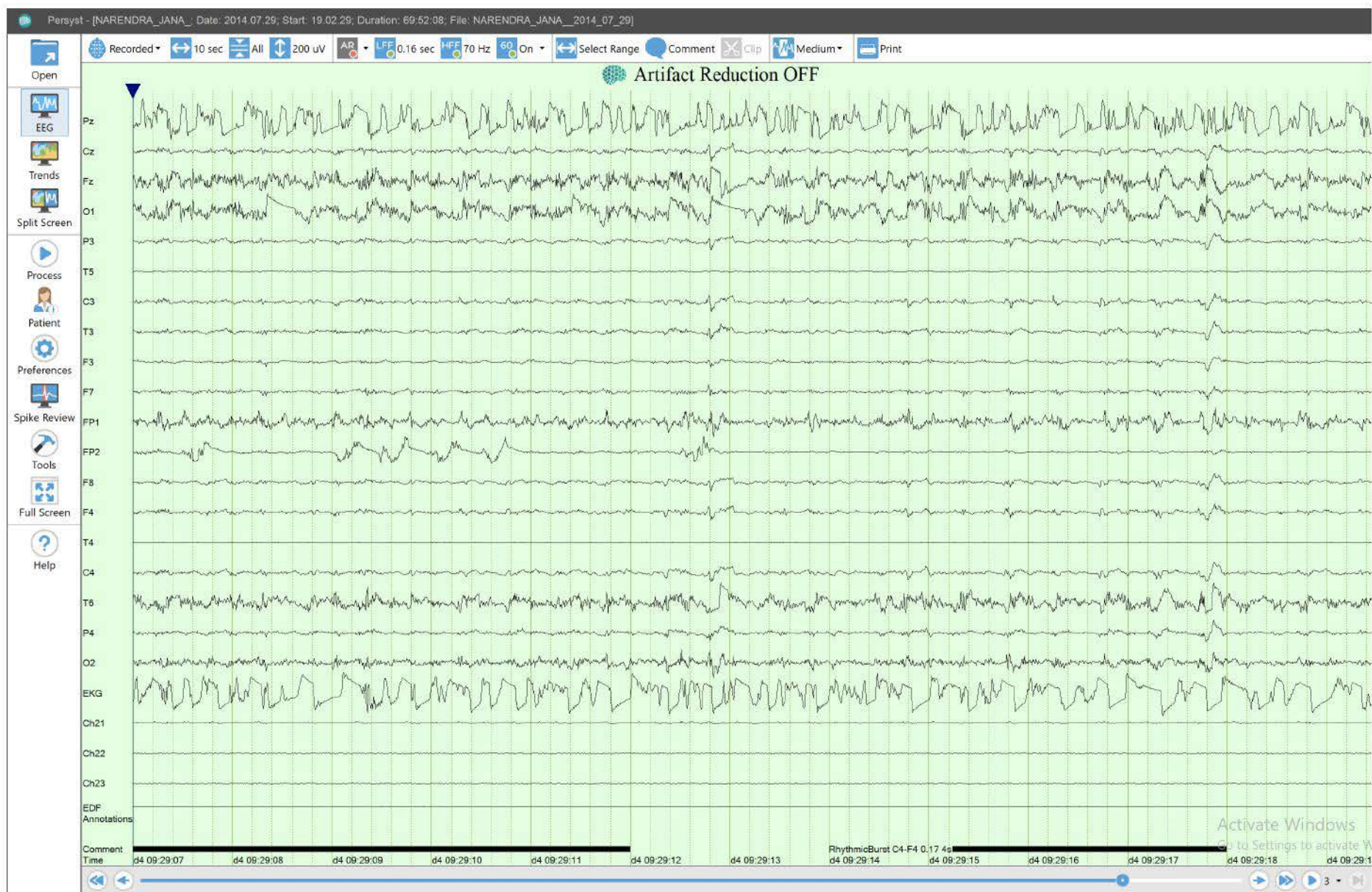
There are multitudes of seizures, interictal effects, or post ictal effects in this recording when the recording is clear. But the device functioned for long enough to detect enough evidence of seizures and epileptic activity. The seizures are clear and characteristic of seizures.

Seizures:

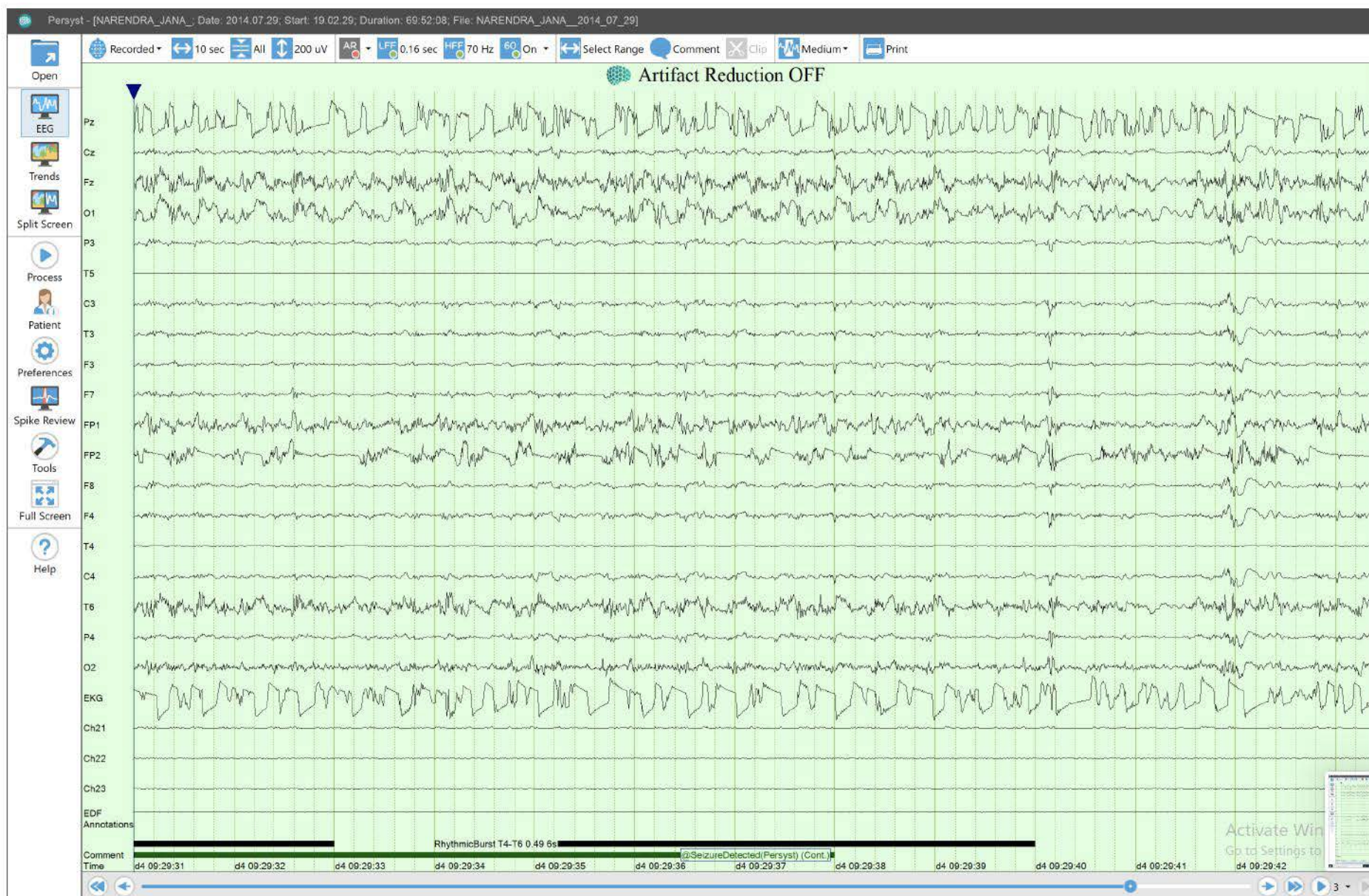
Some these seizures are a nearly perfect example of how seizures develop and materialize. I excluded all the data that wouldn't be considered seizures:

The first seizure is 14 seconds long (it's a not so perfect example of a seizure):

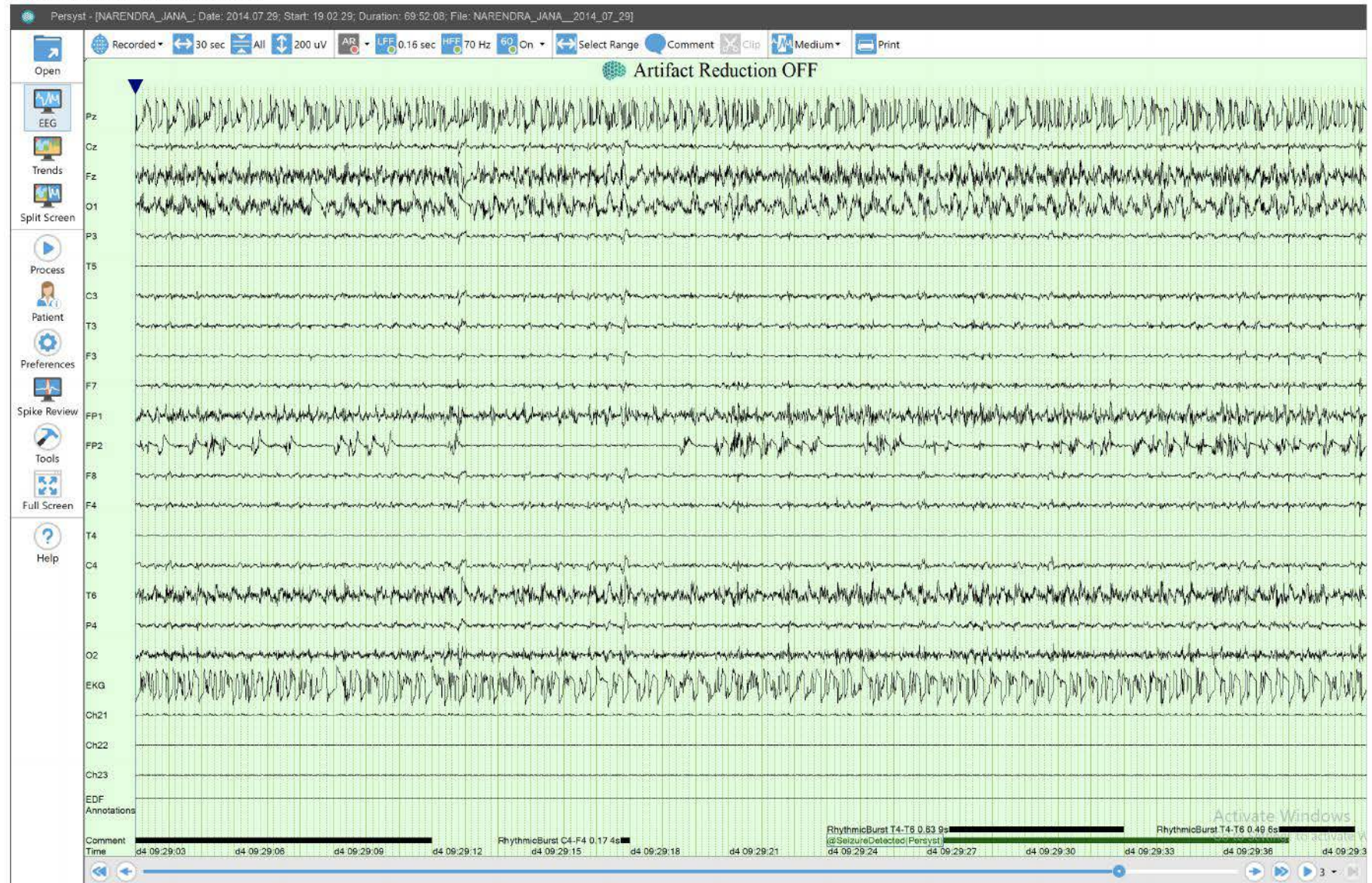




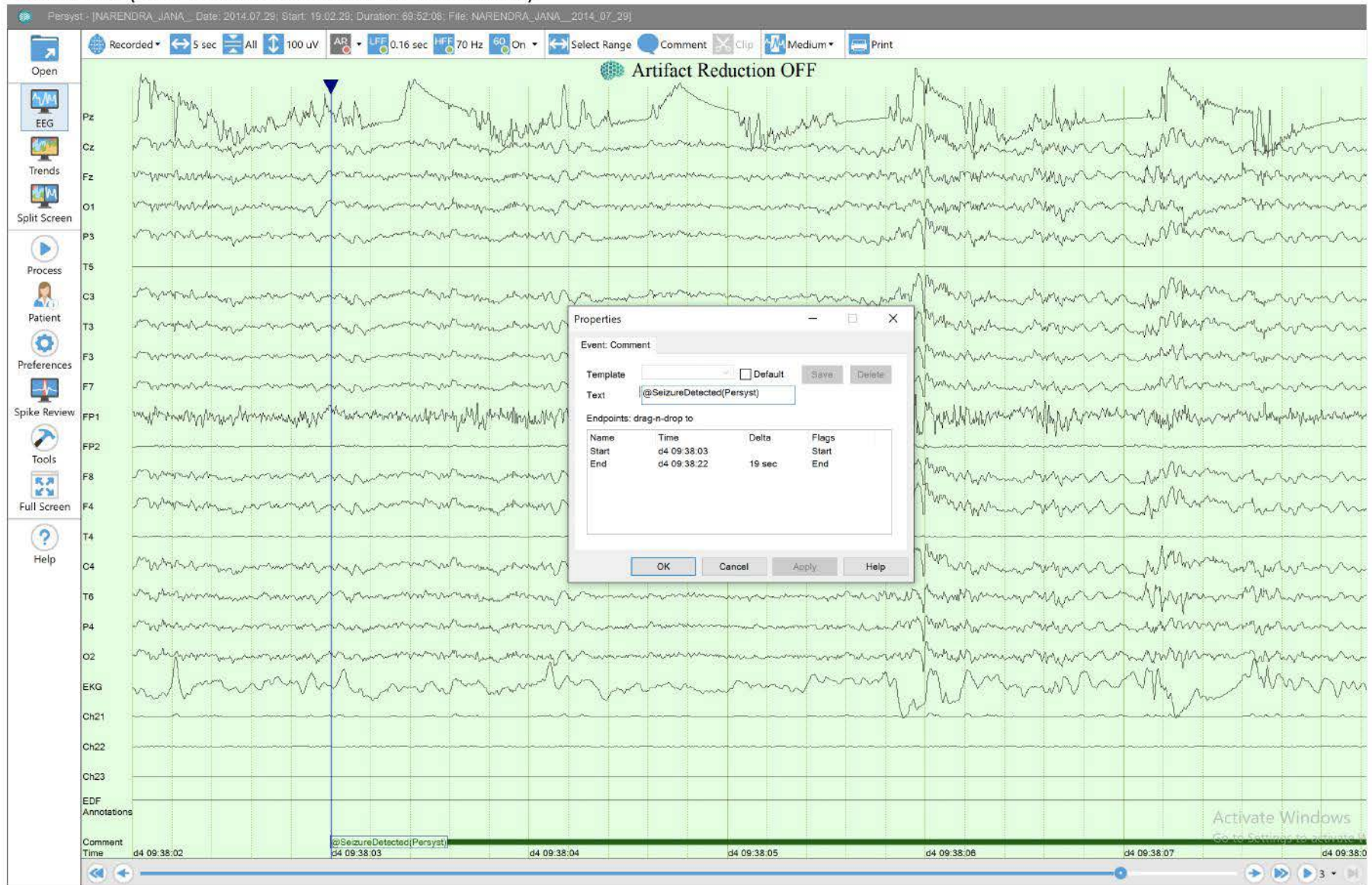


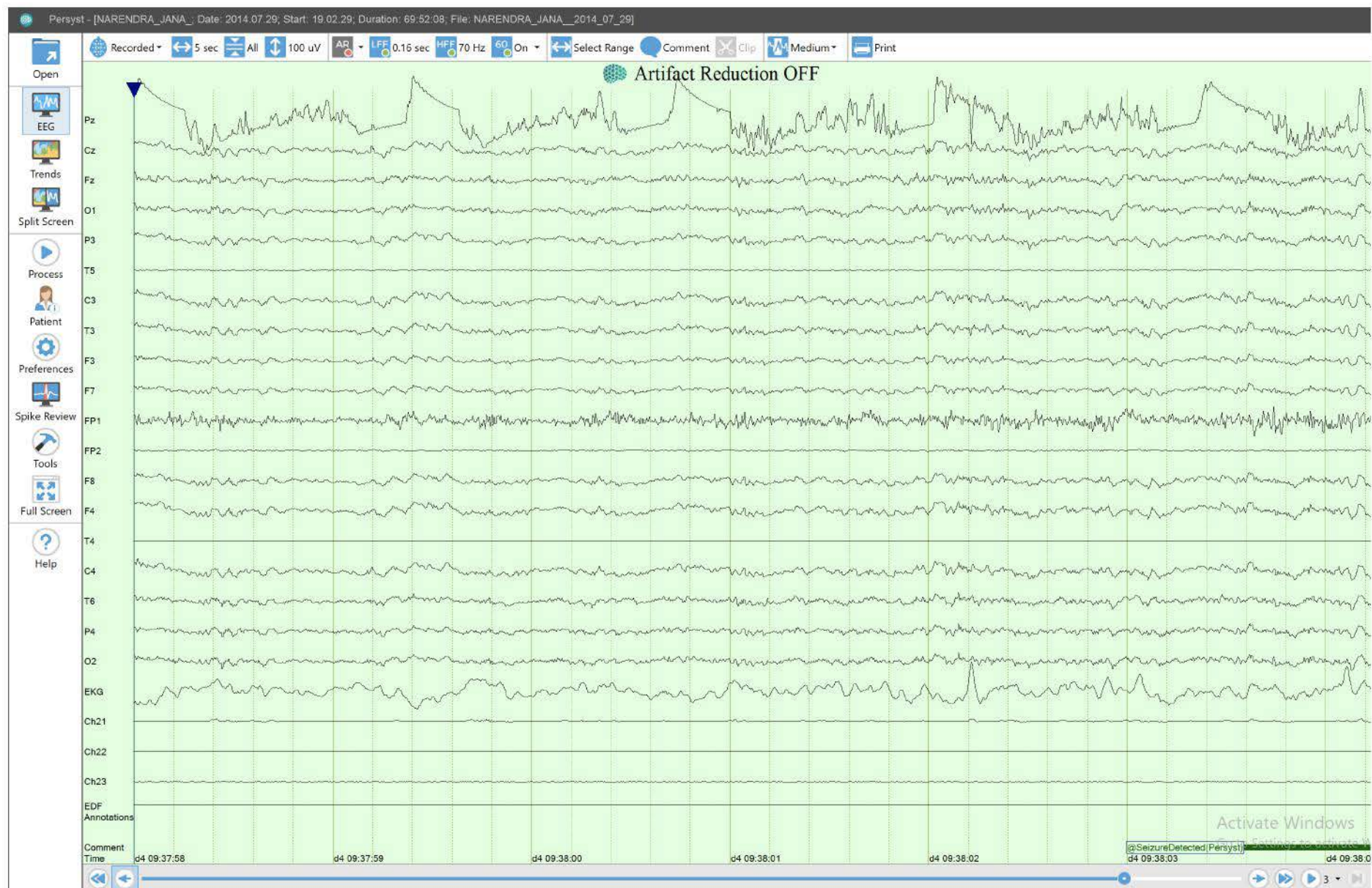


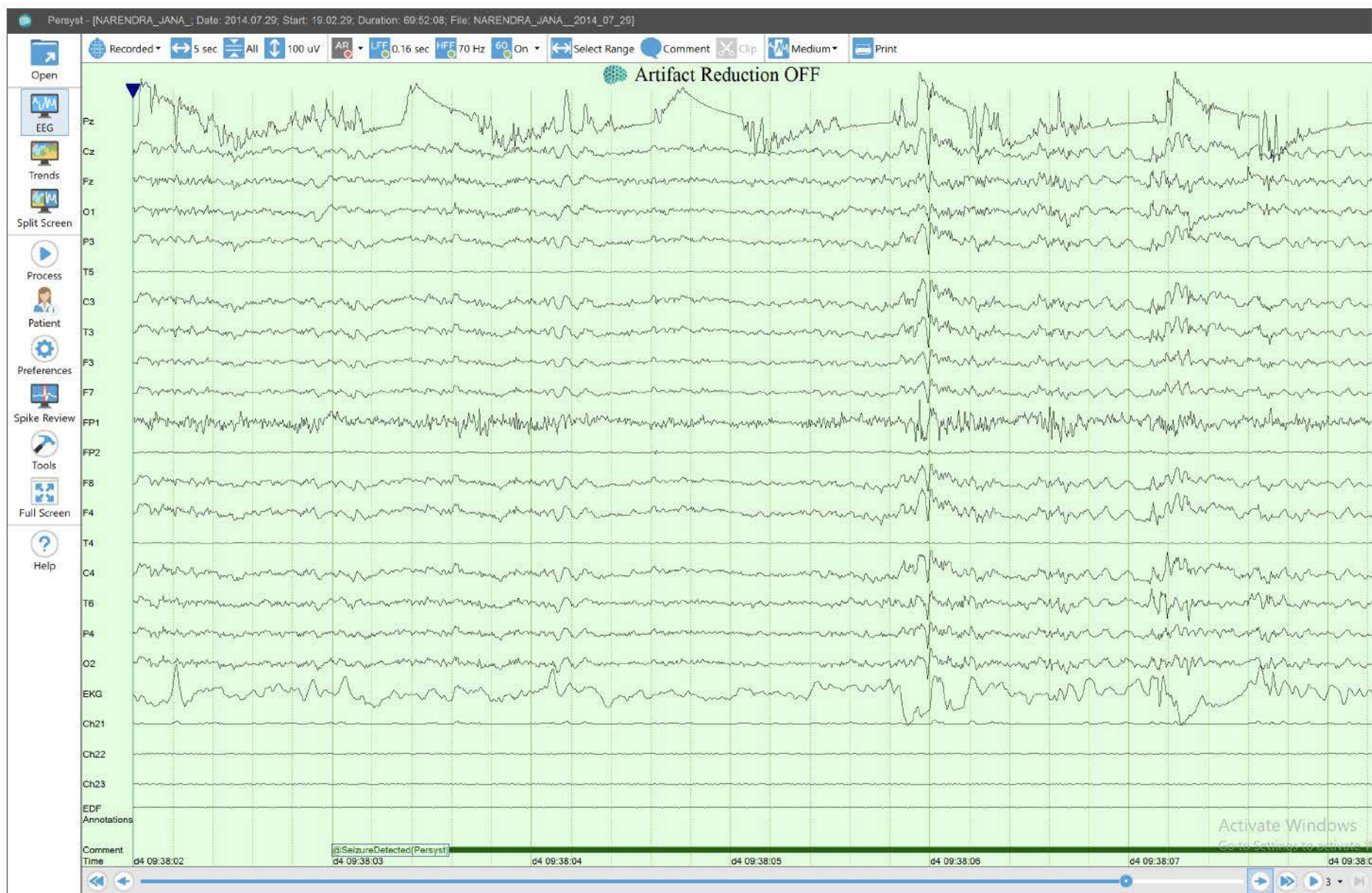
Overview of first seizure:

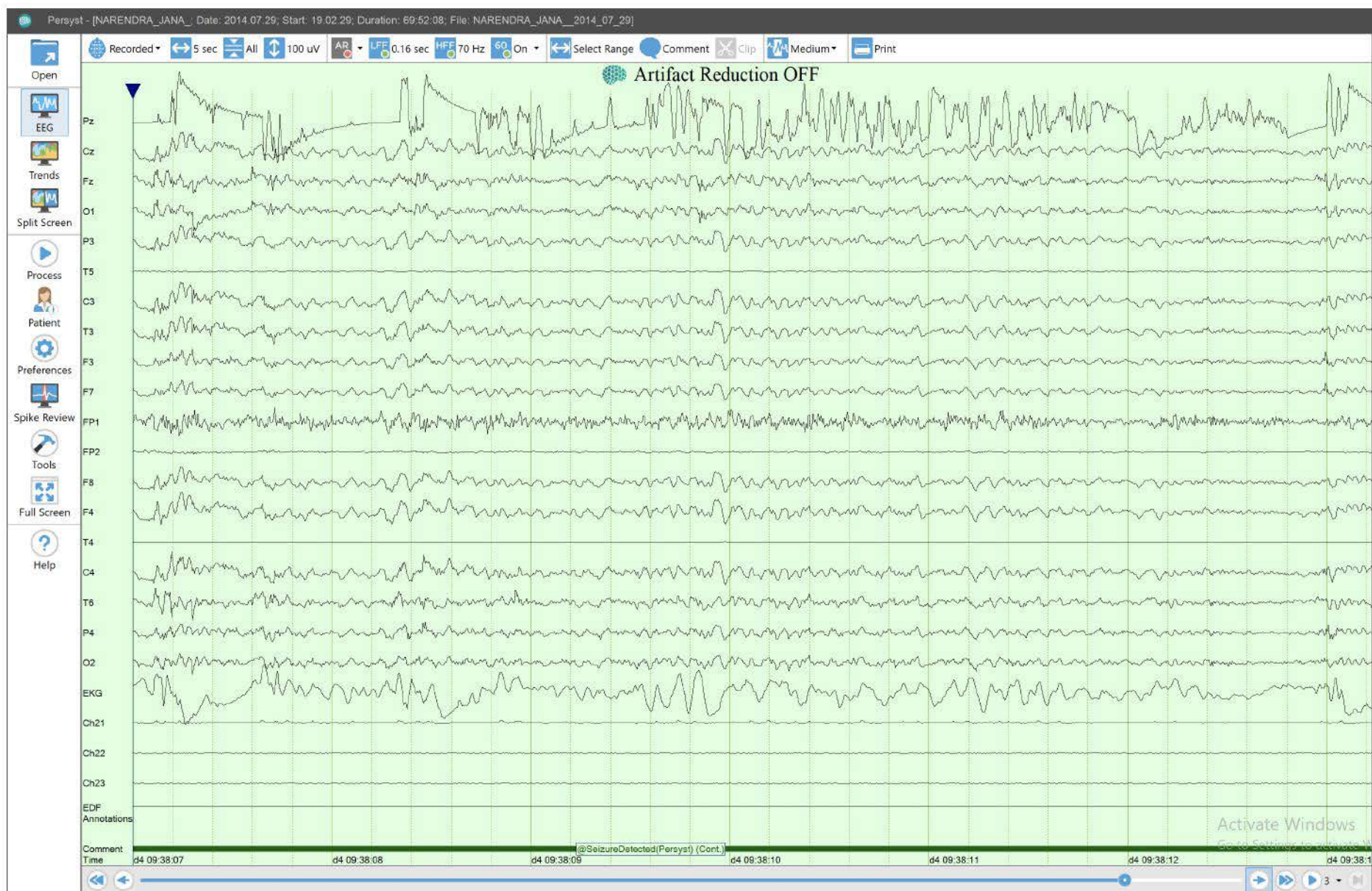


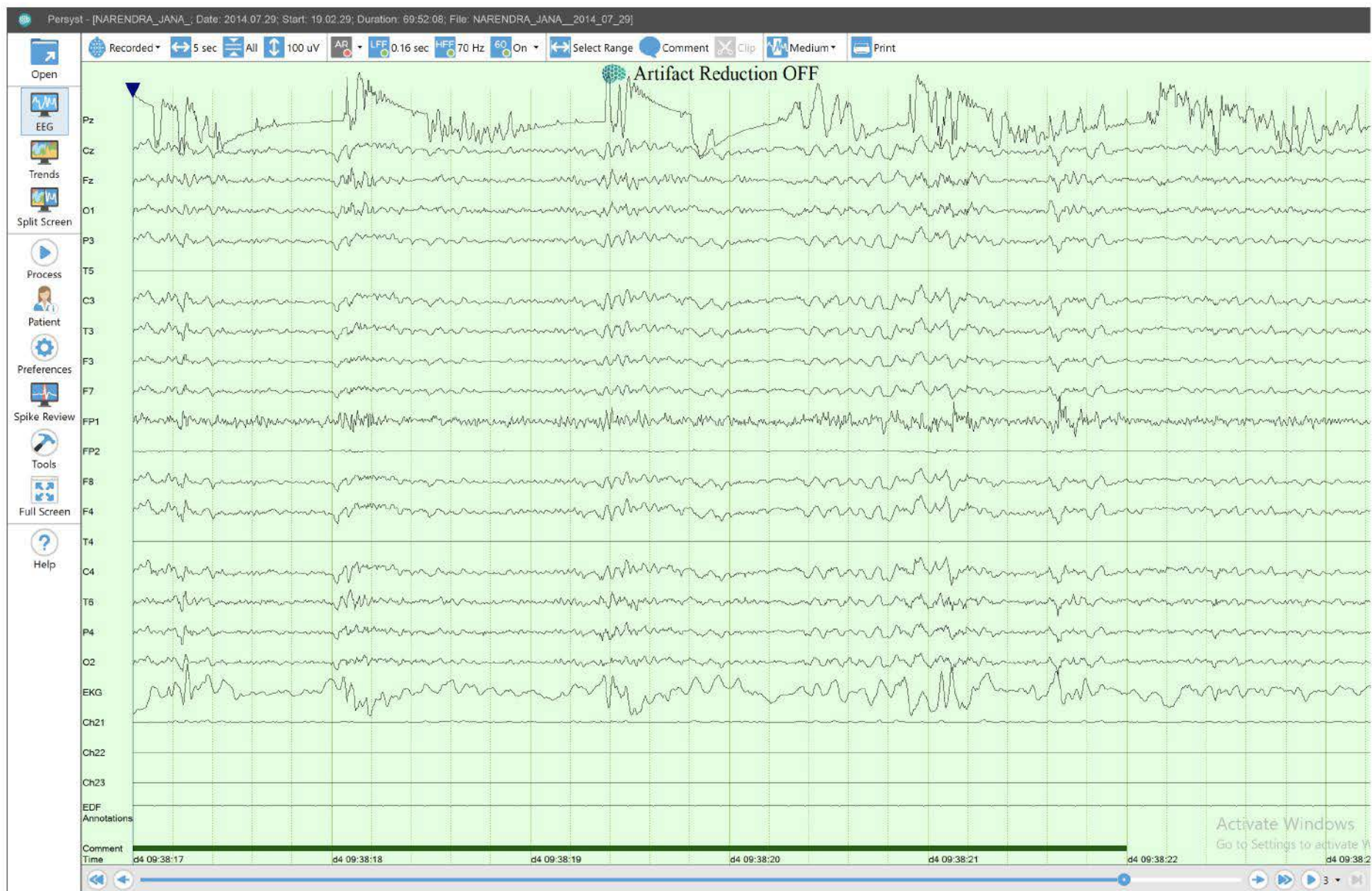
Seizure two (clear undeniable seizure for 19 seconds):

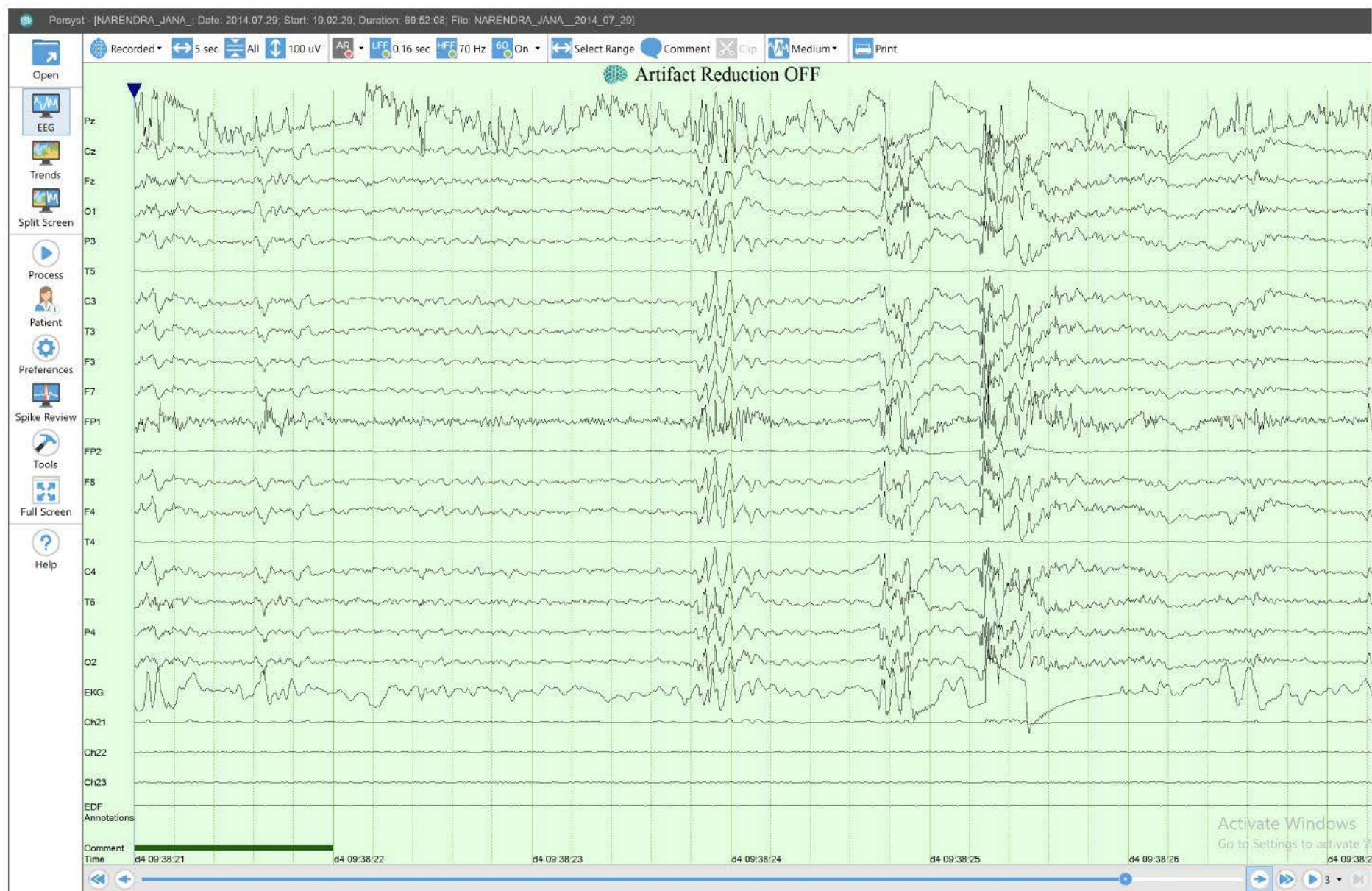




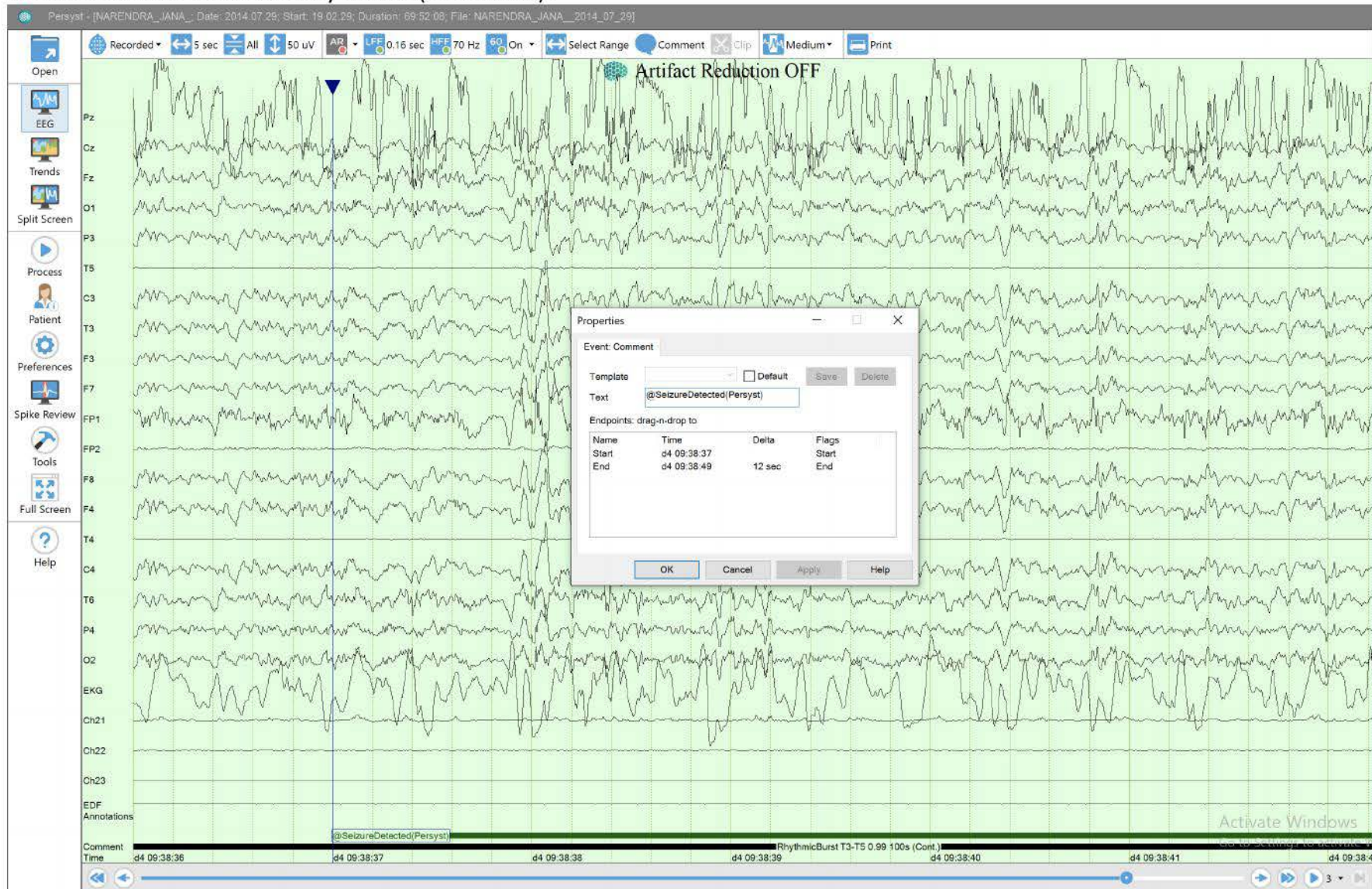


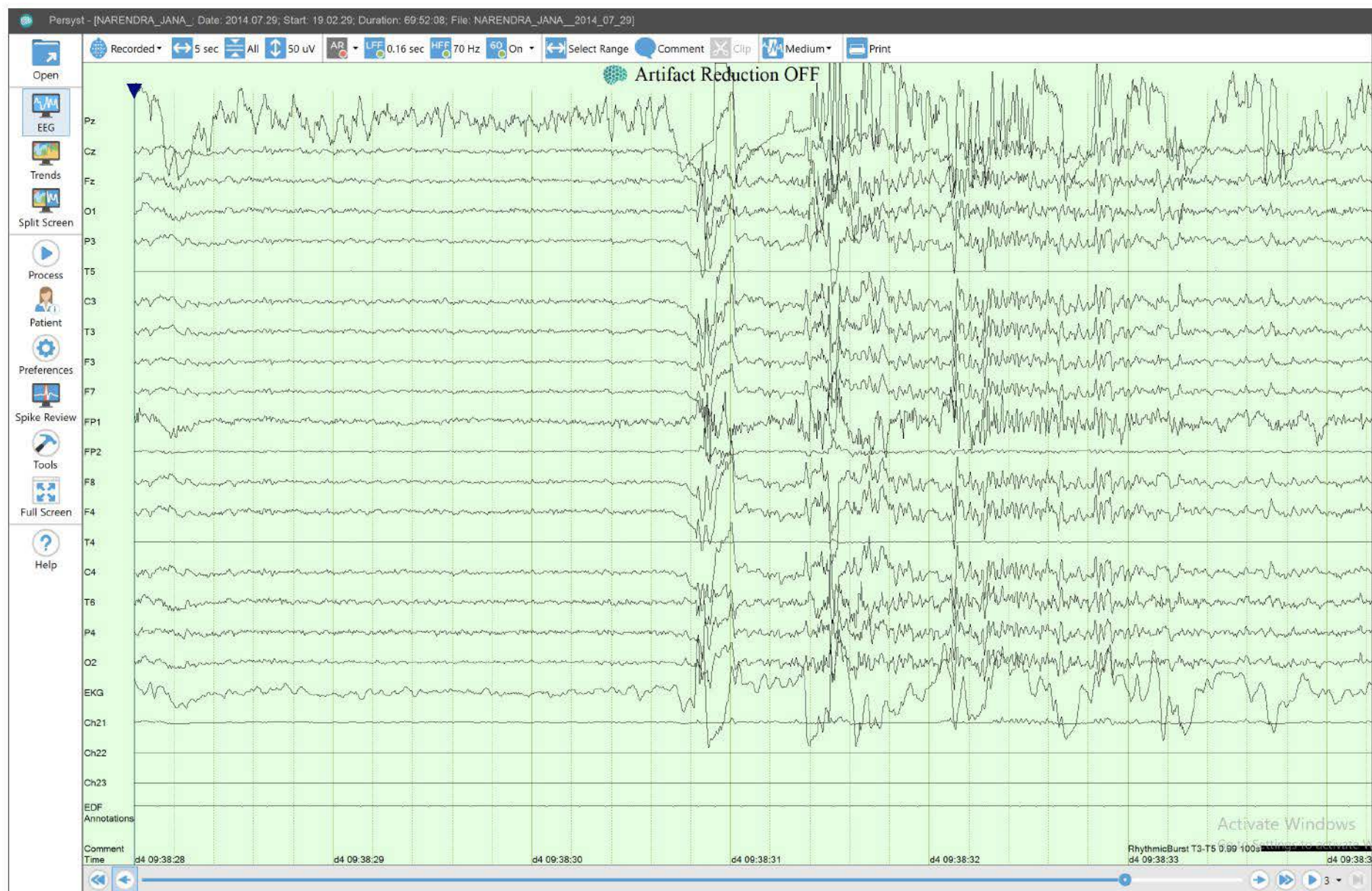


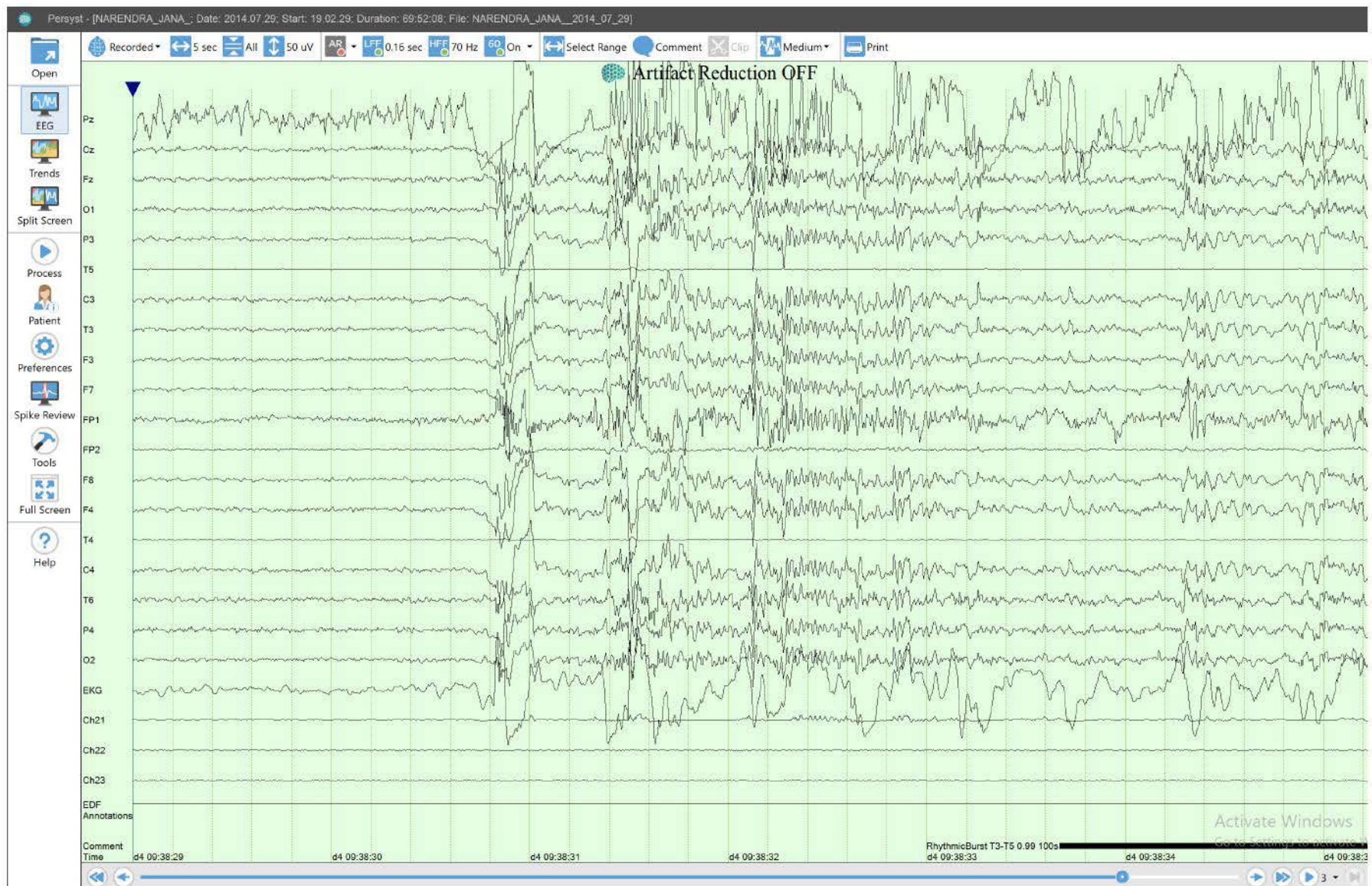


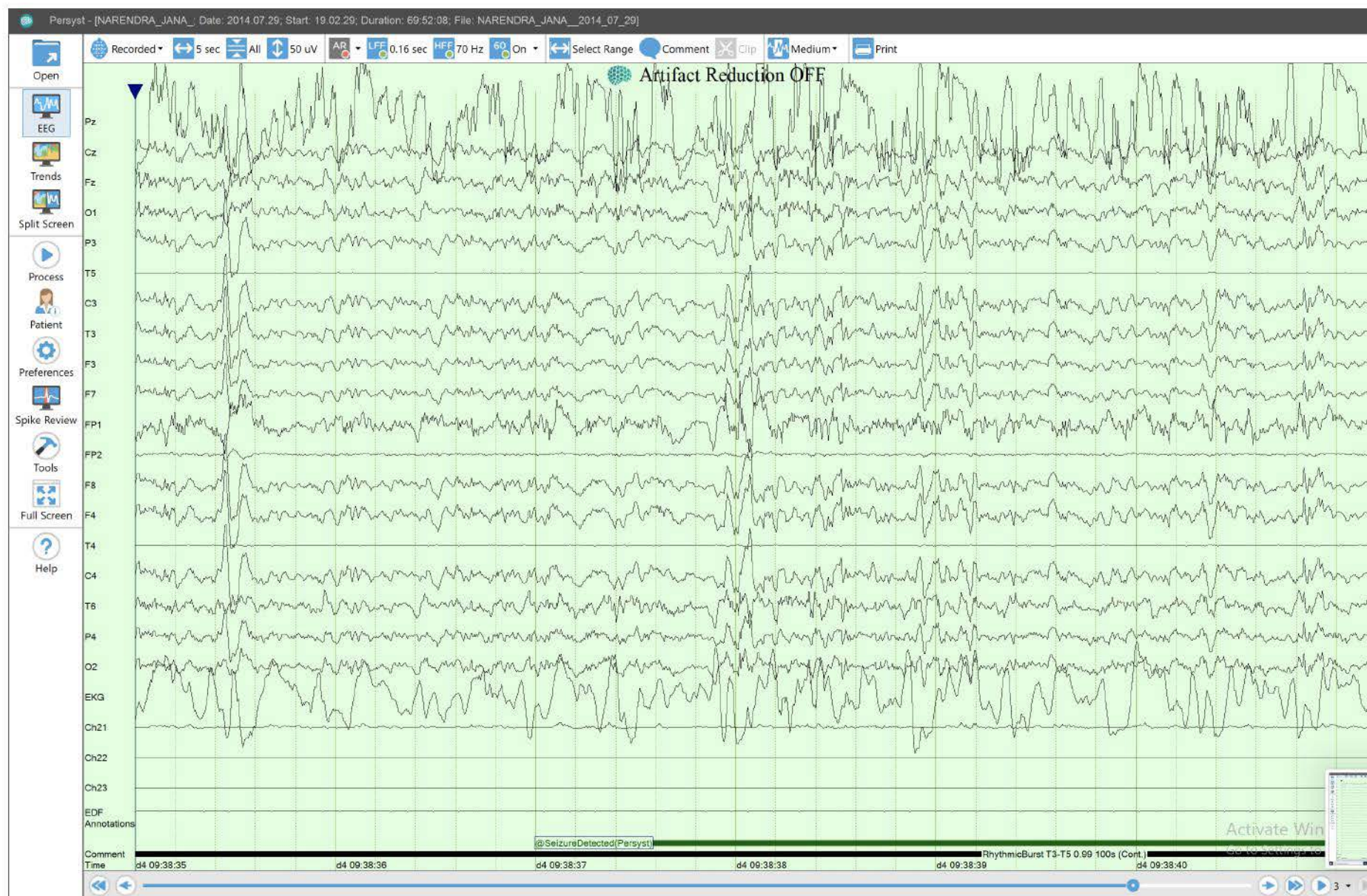


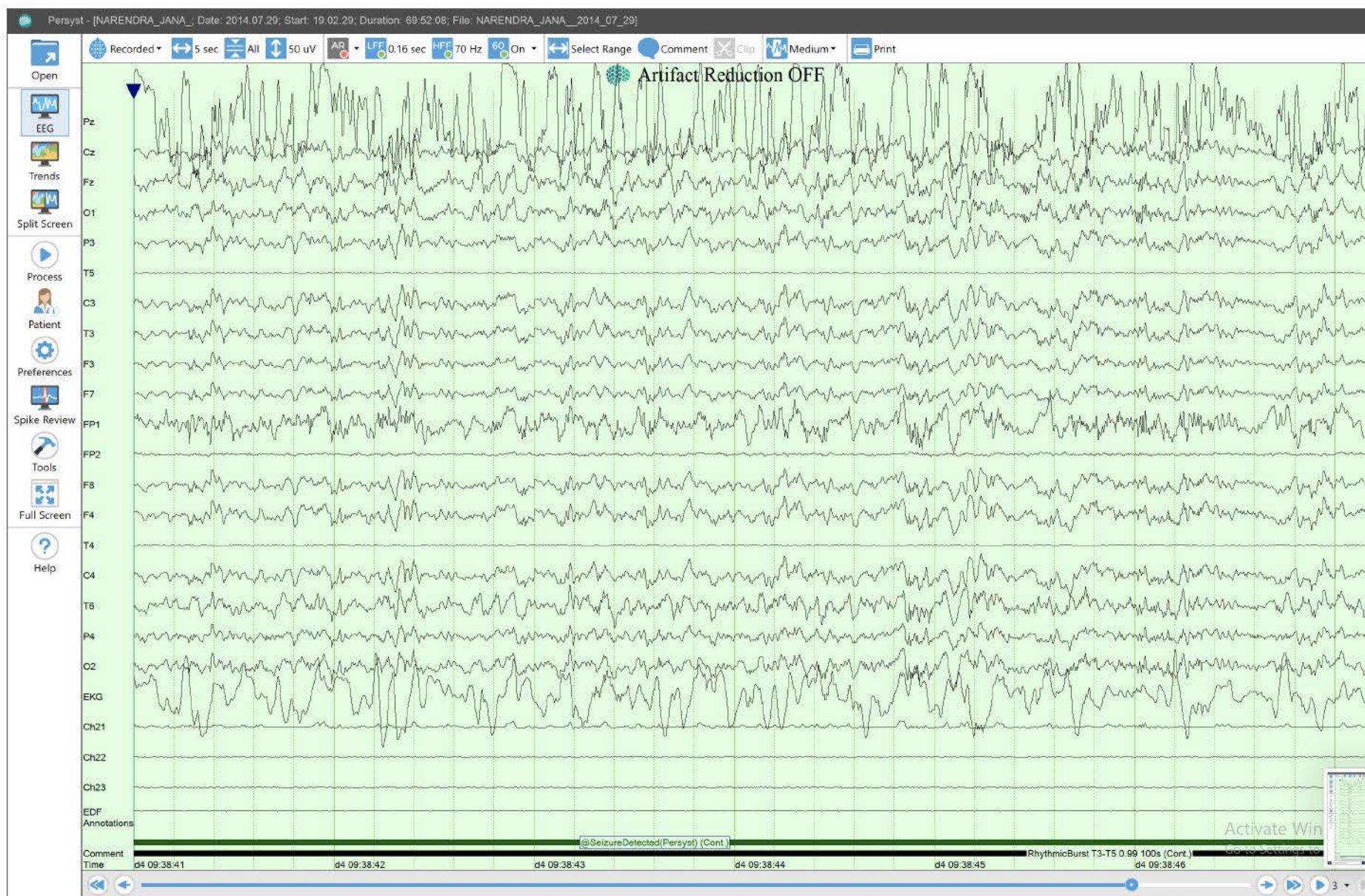
The third seizure couldn't be any clearer (12 seconds):

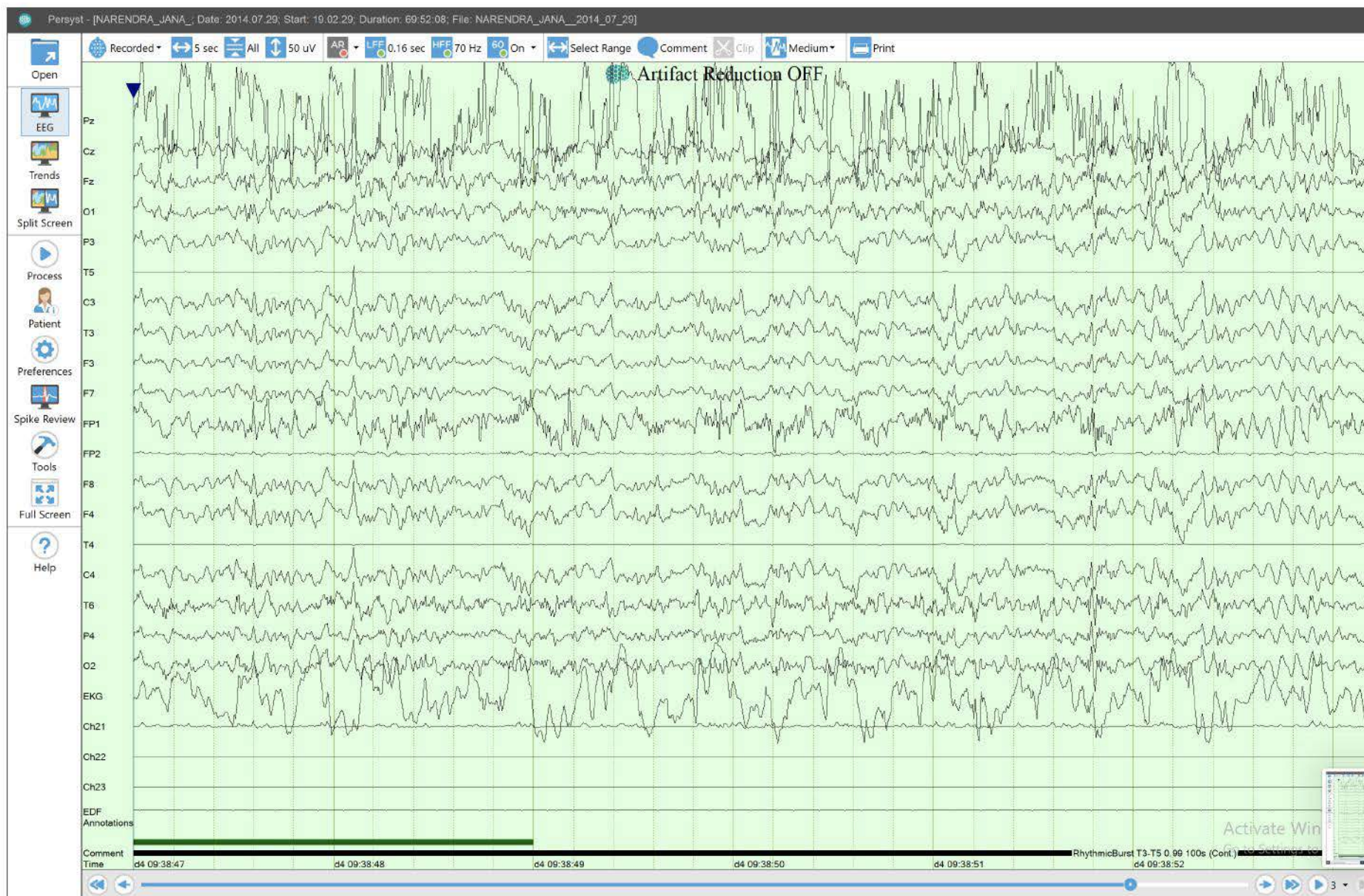




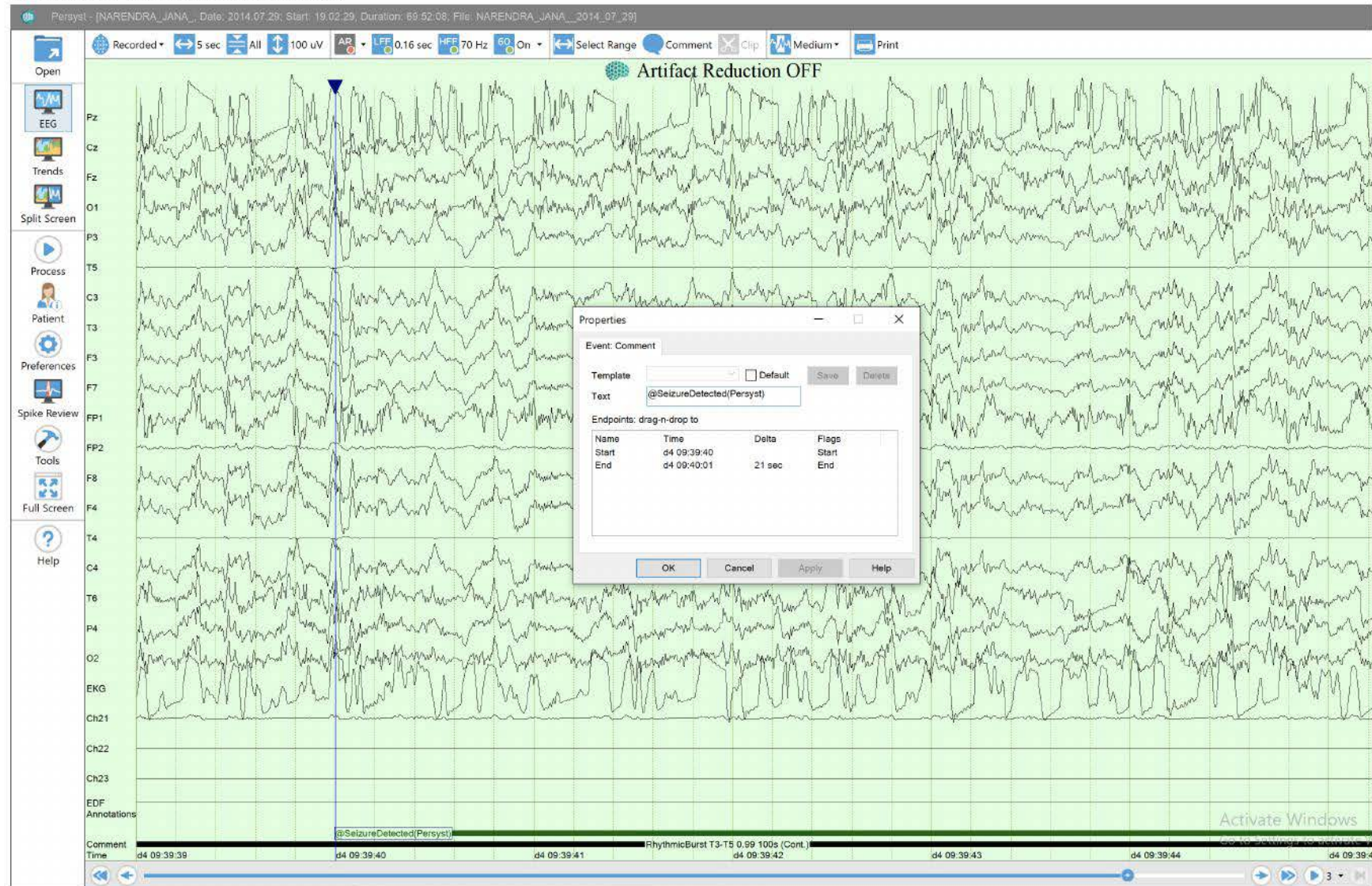


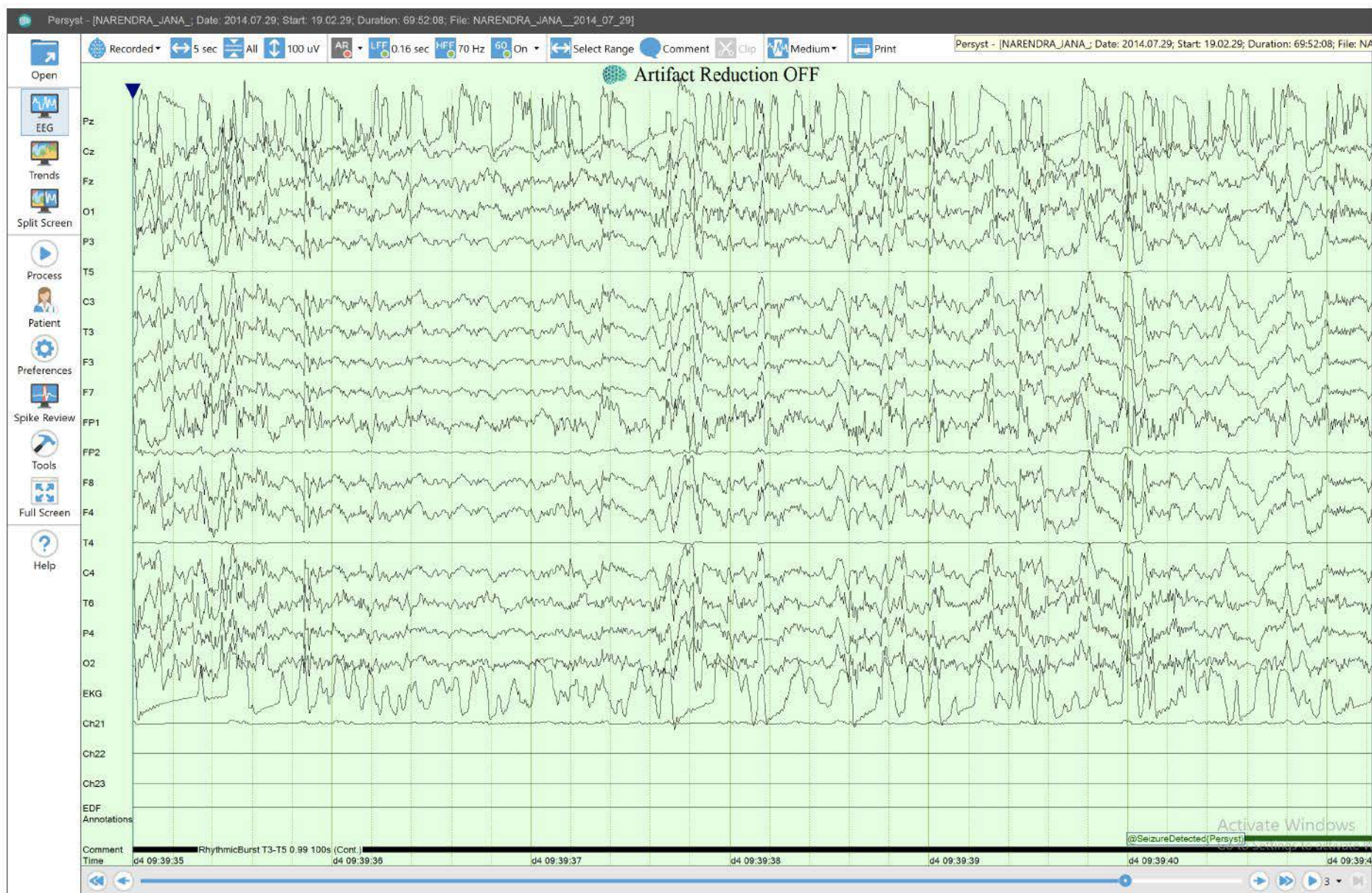




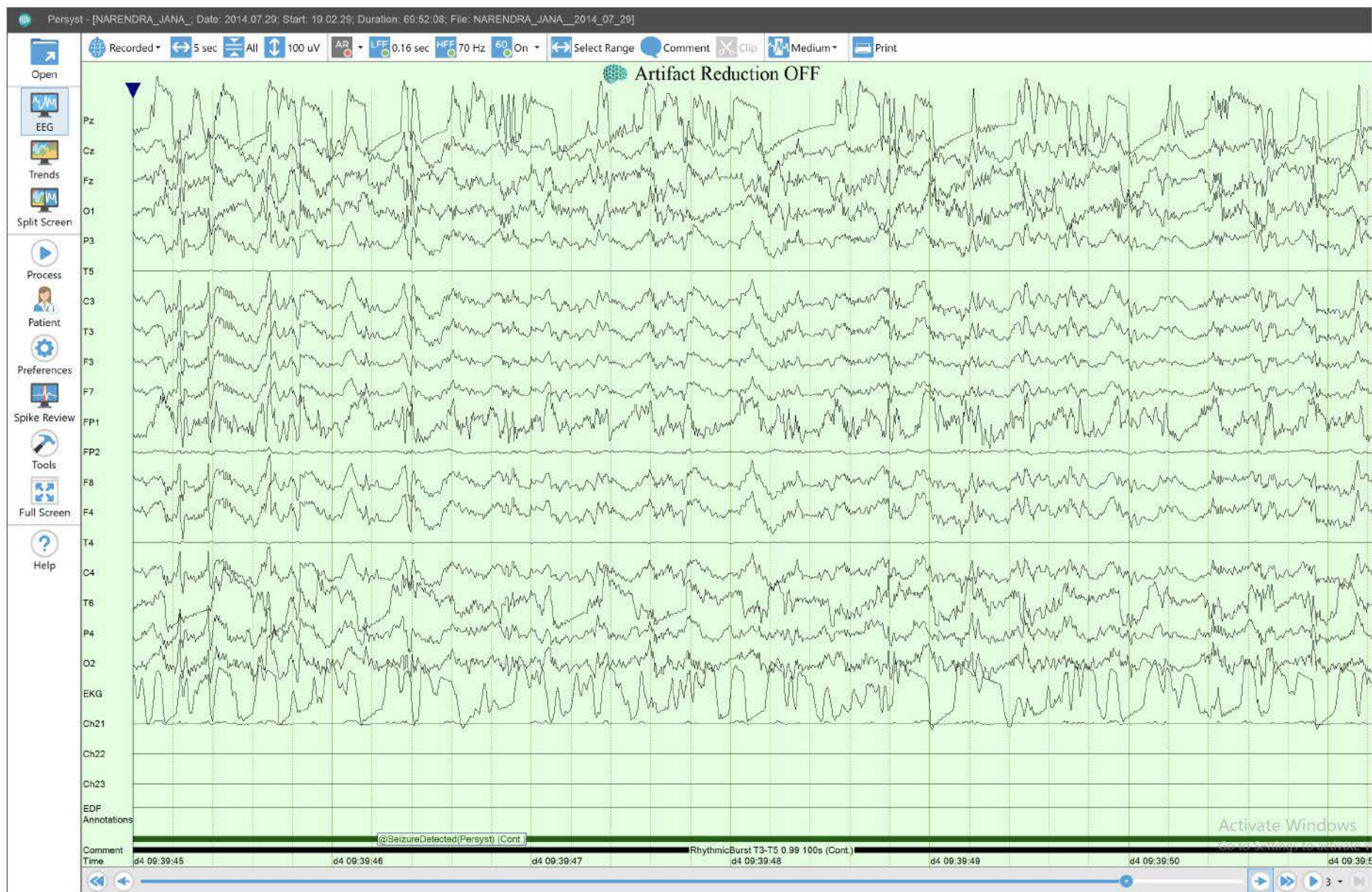


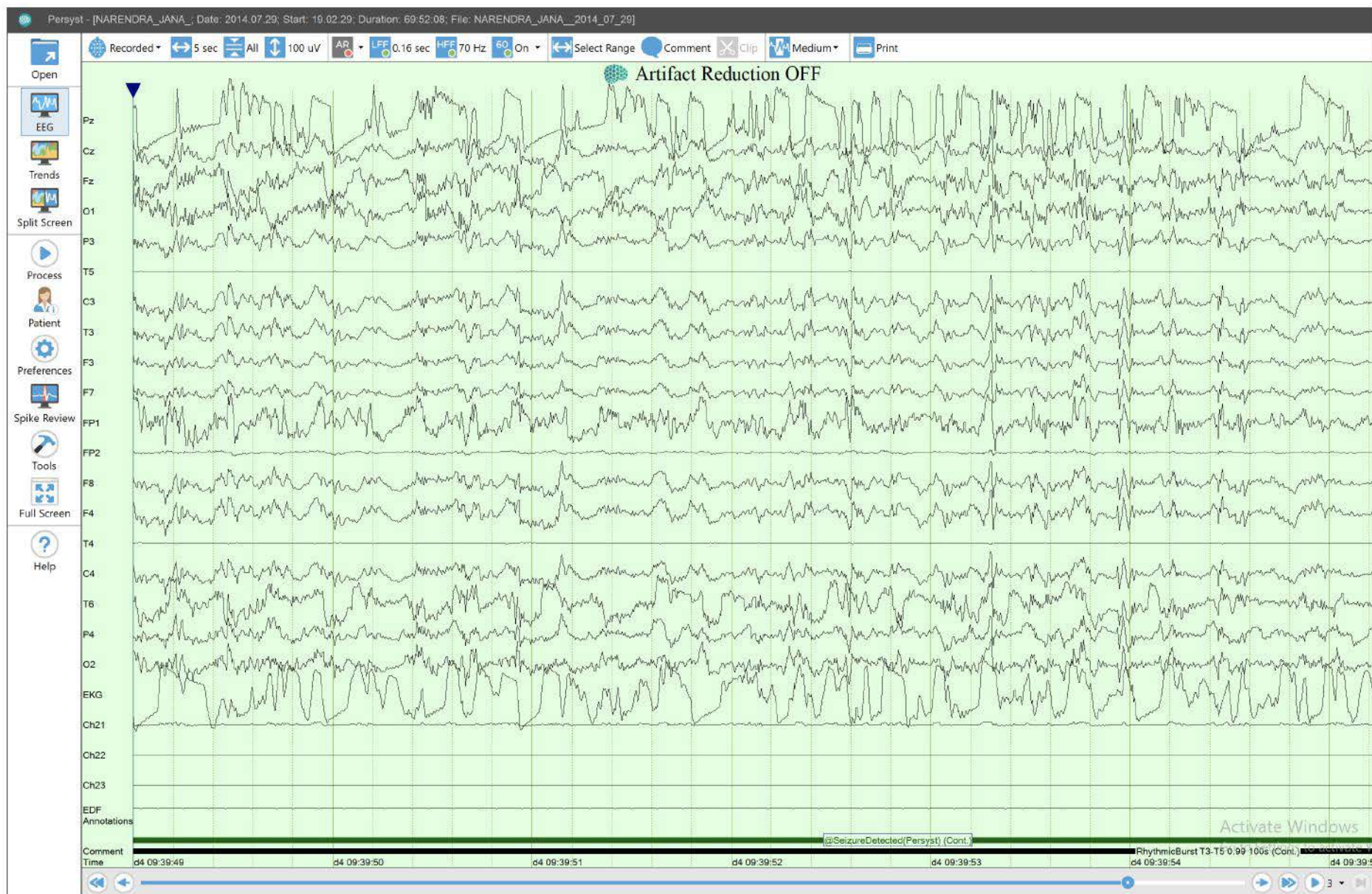
The fourth seizure is 21 seconds:



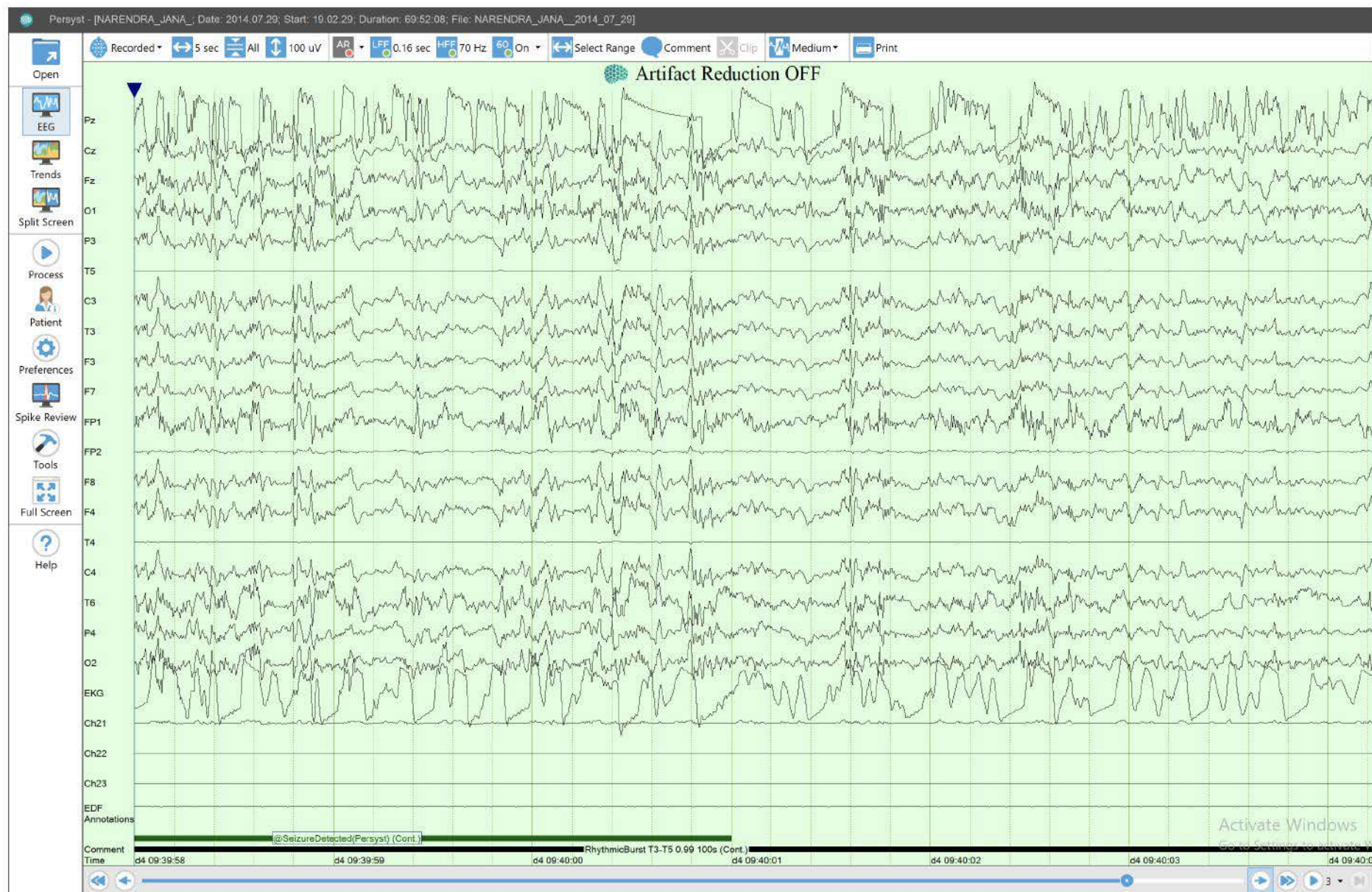


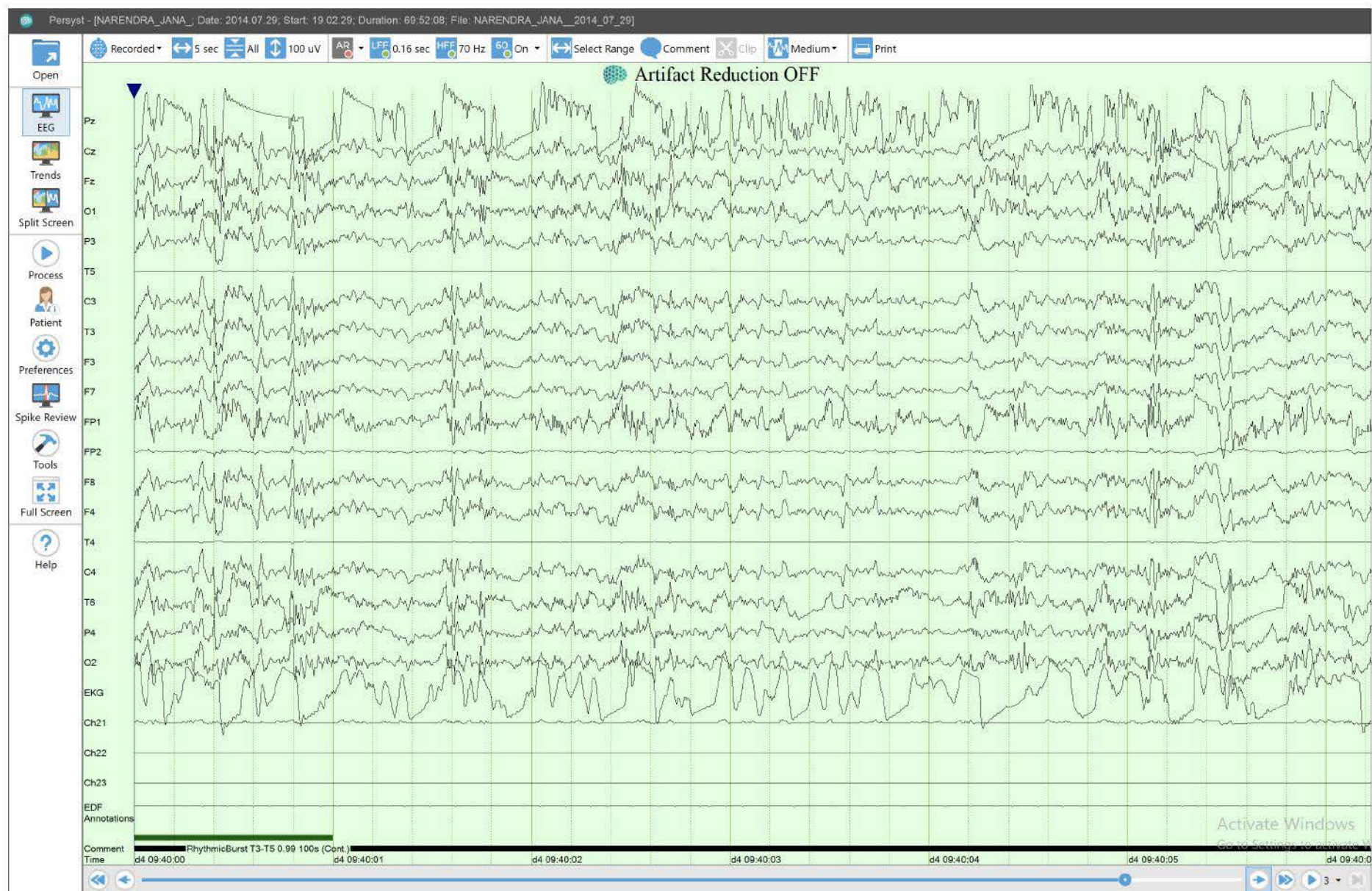




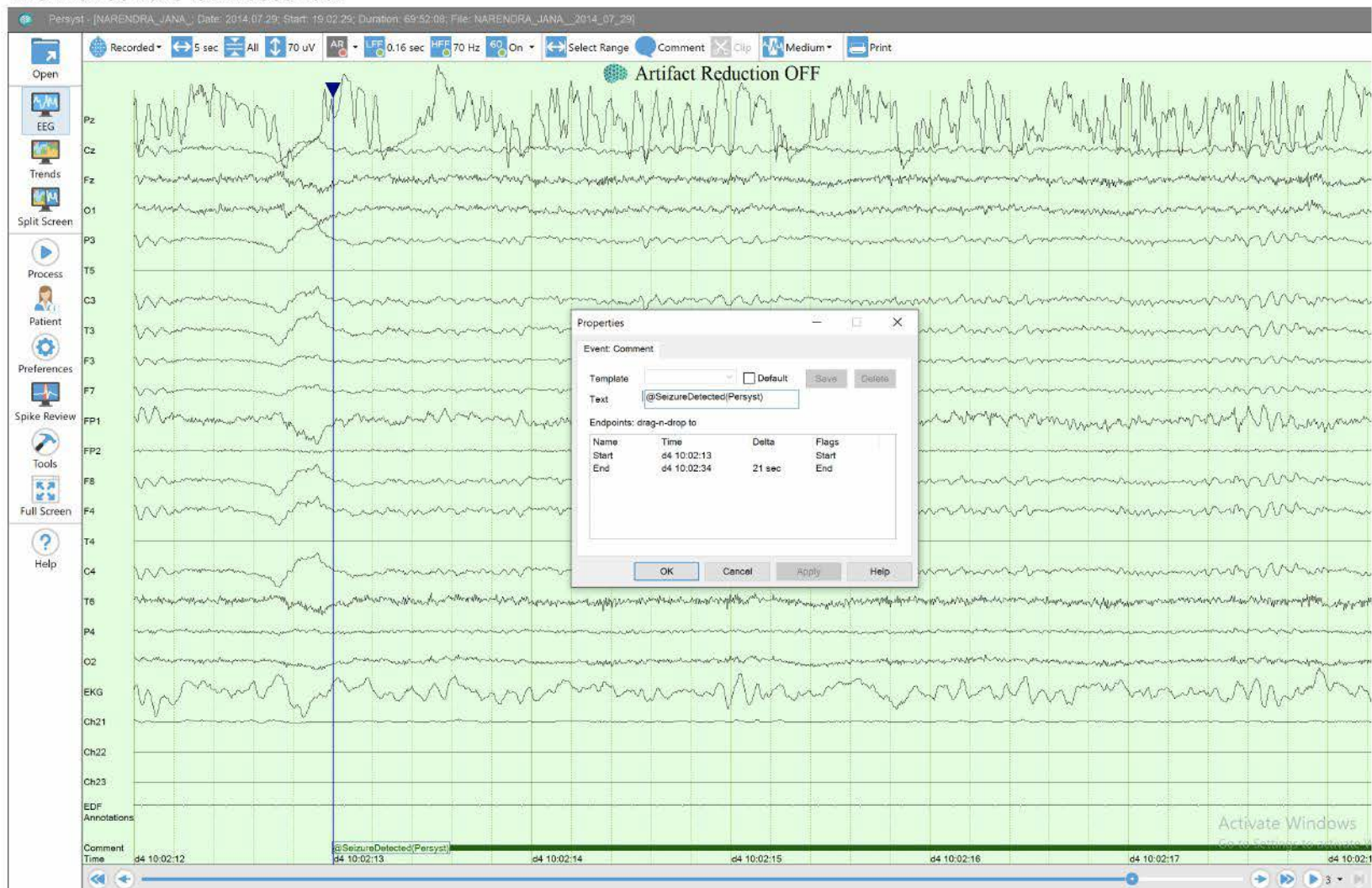


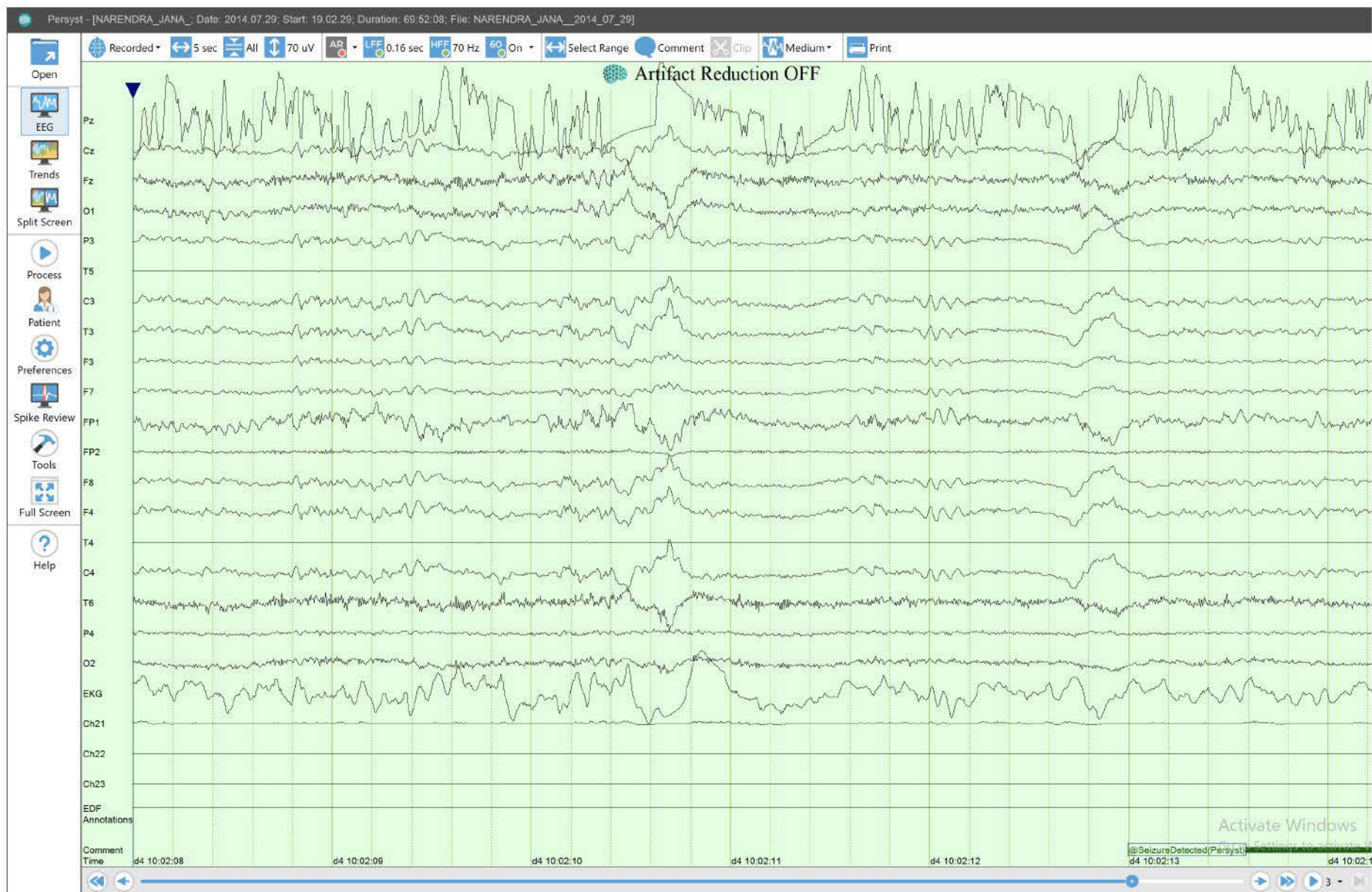




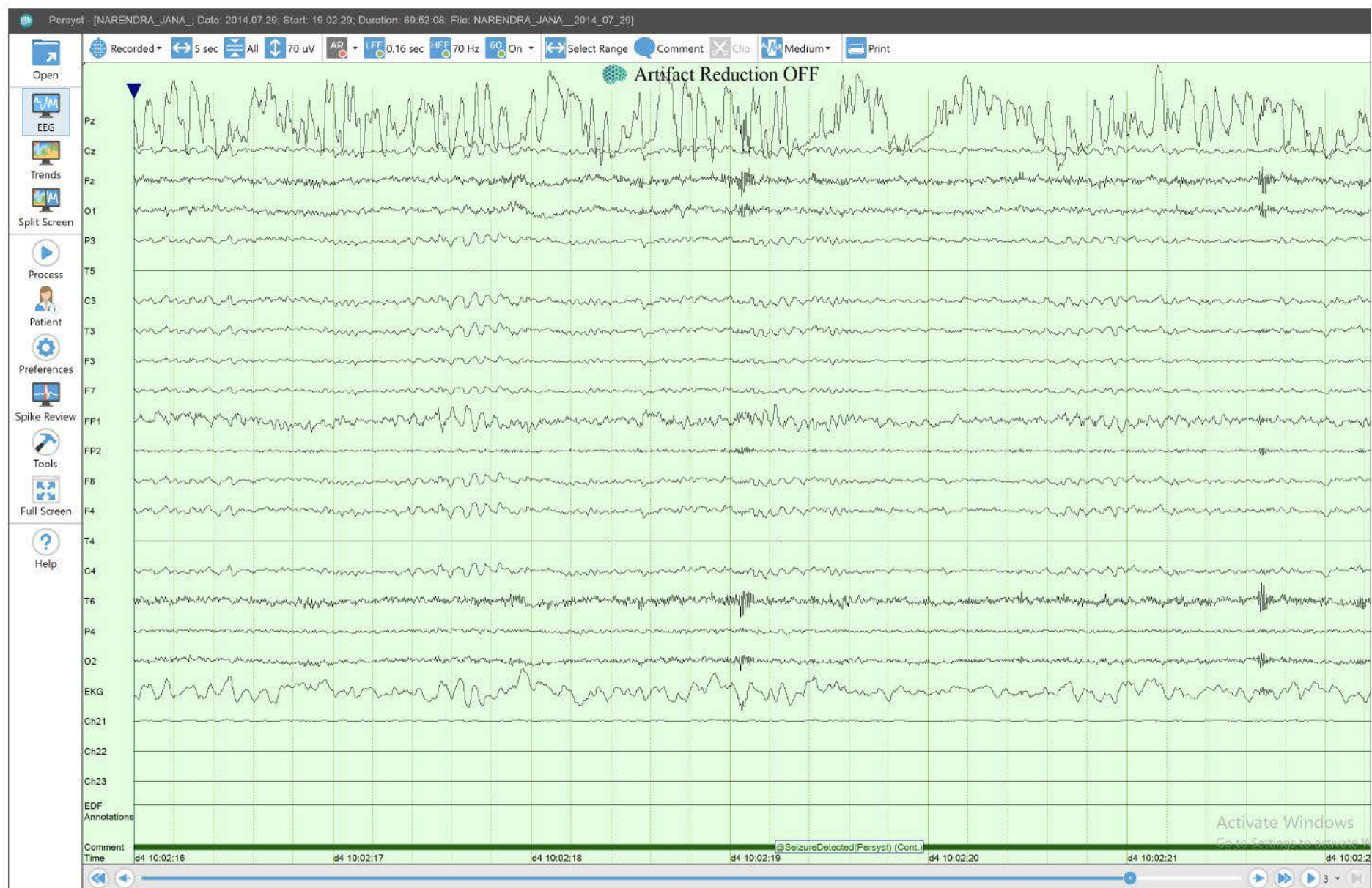


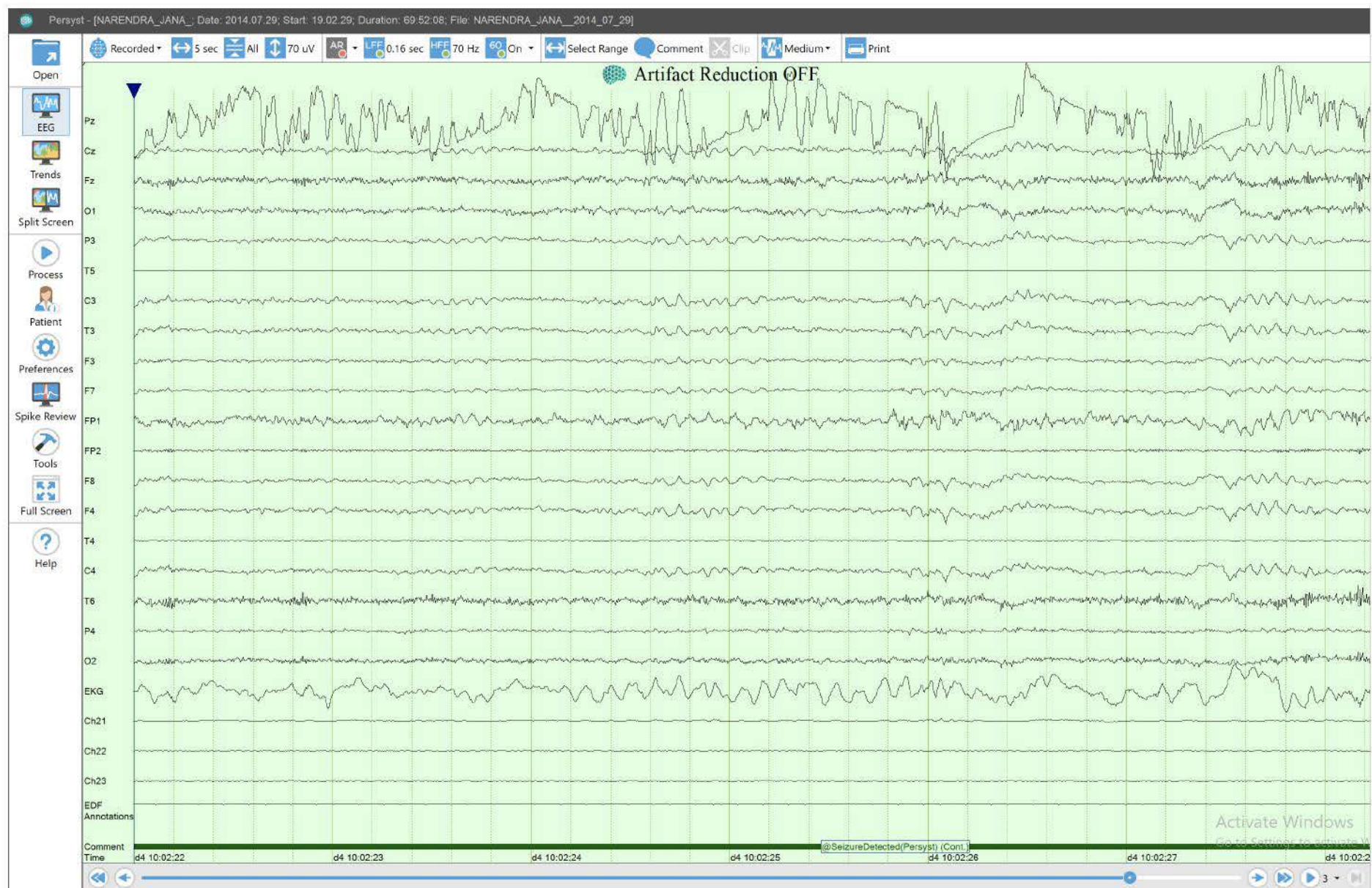
The fifth seizure is 21 seconds:

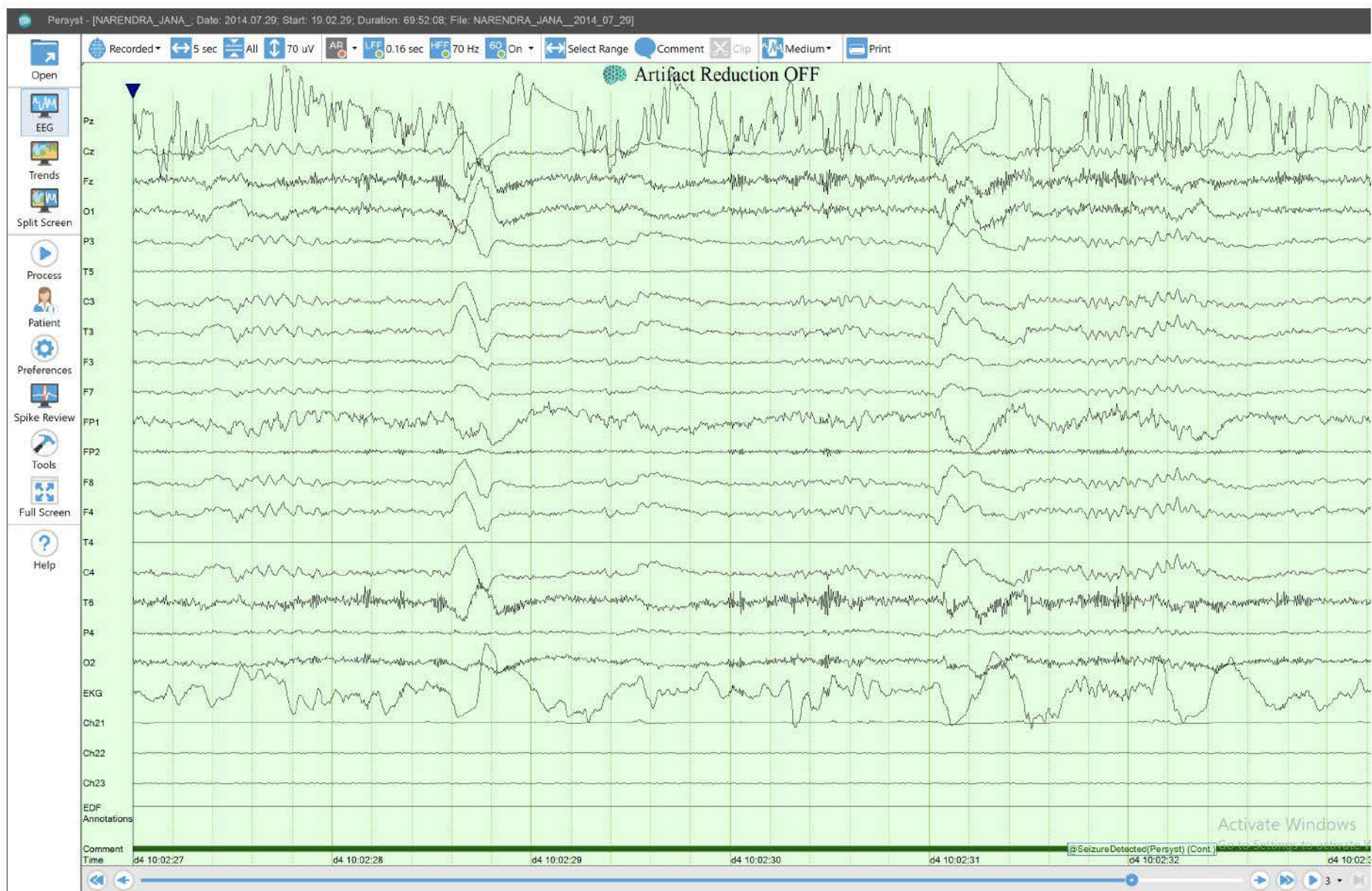


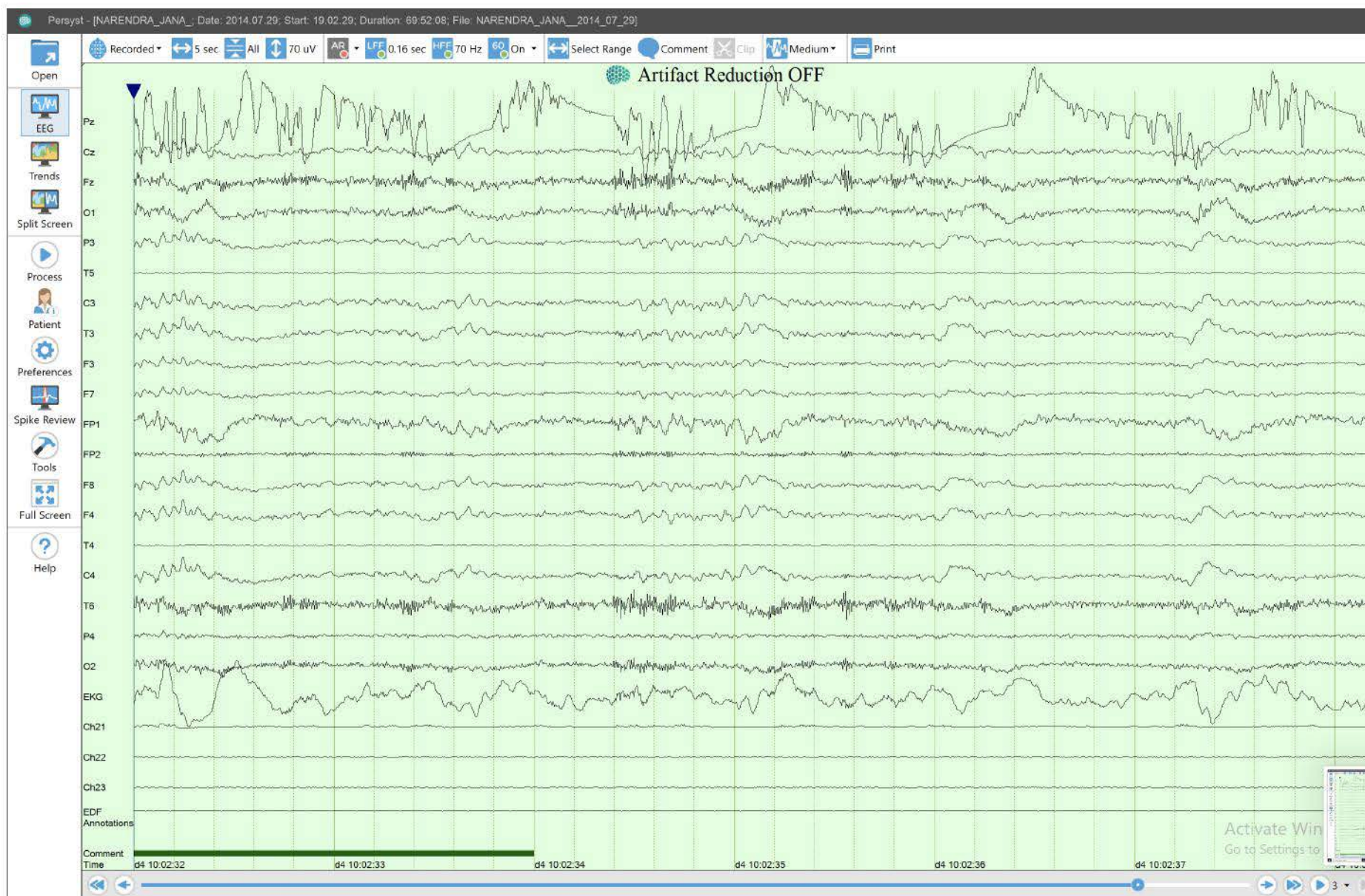


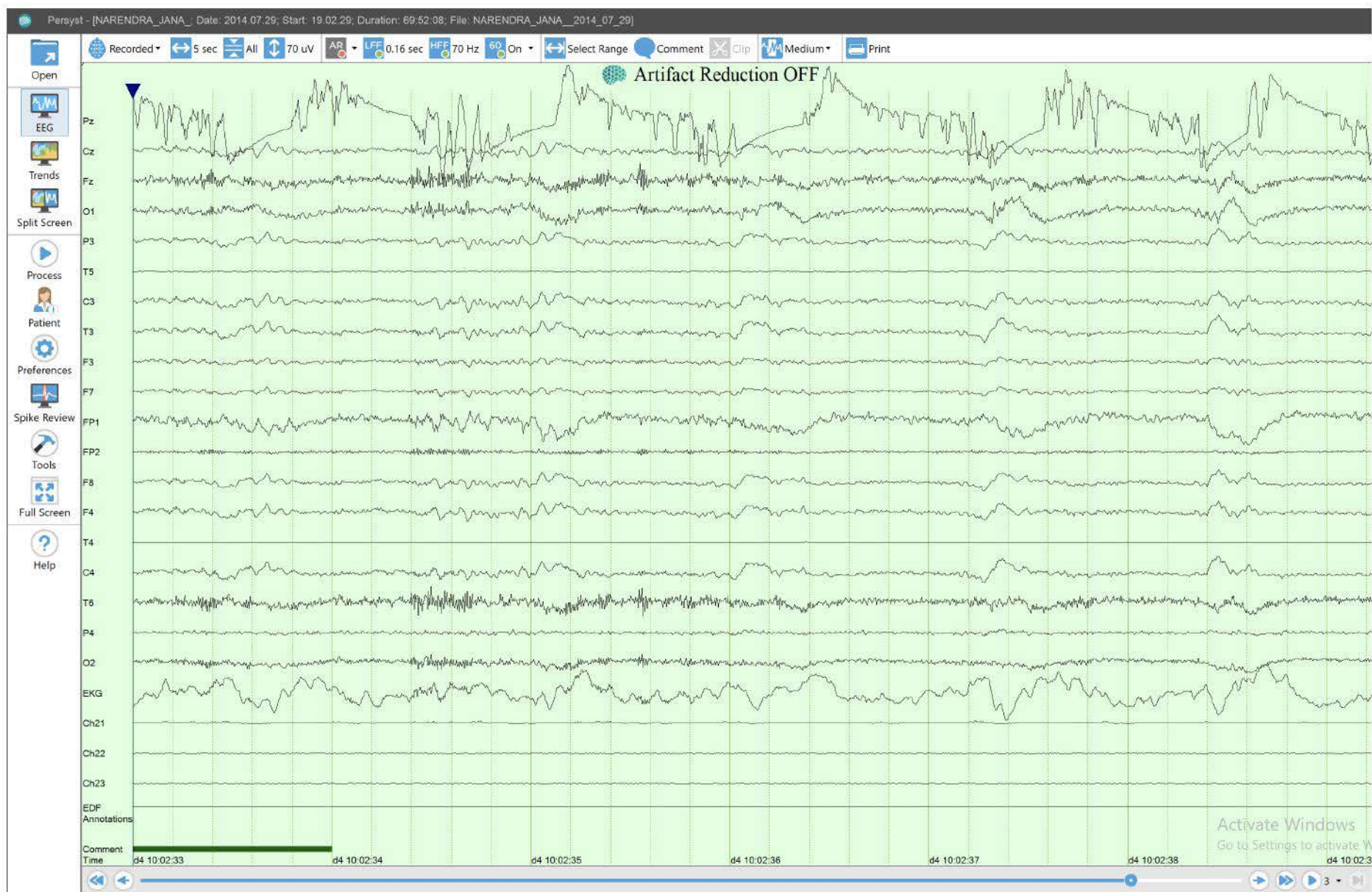


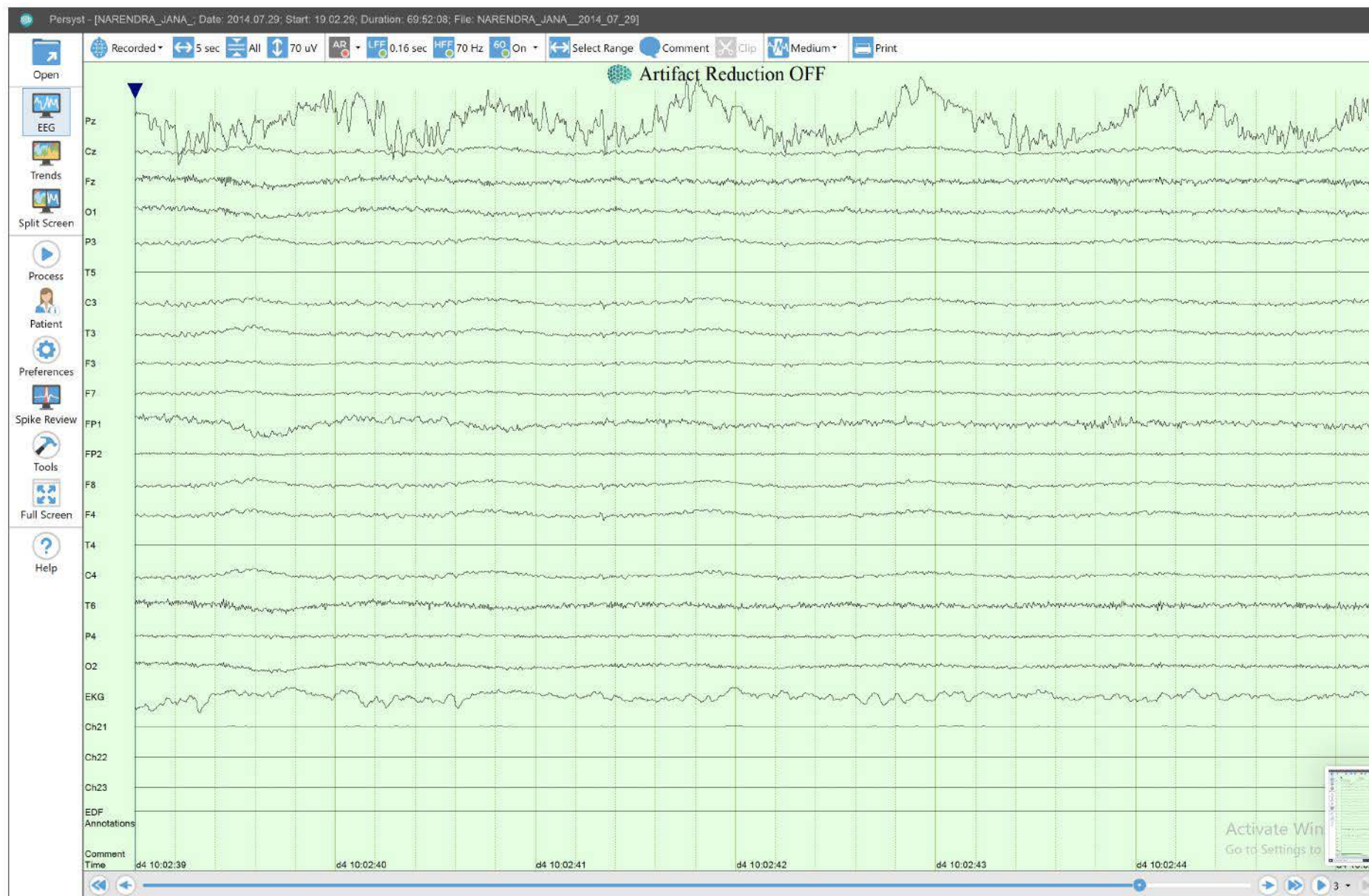




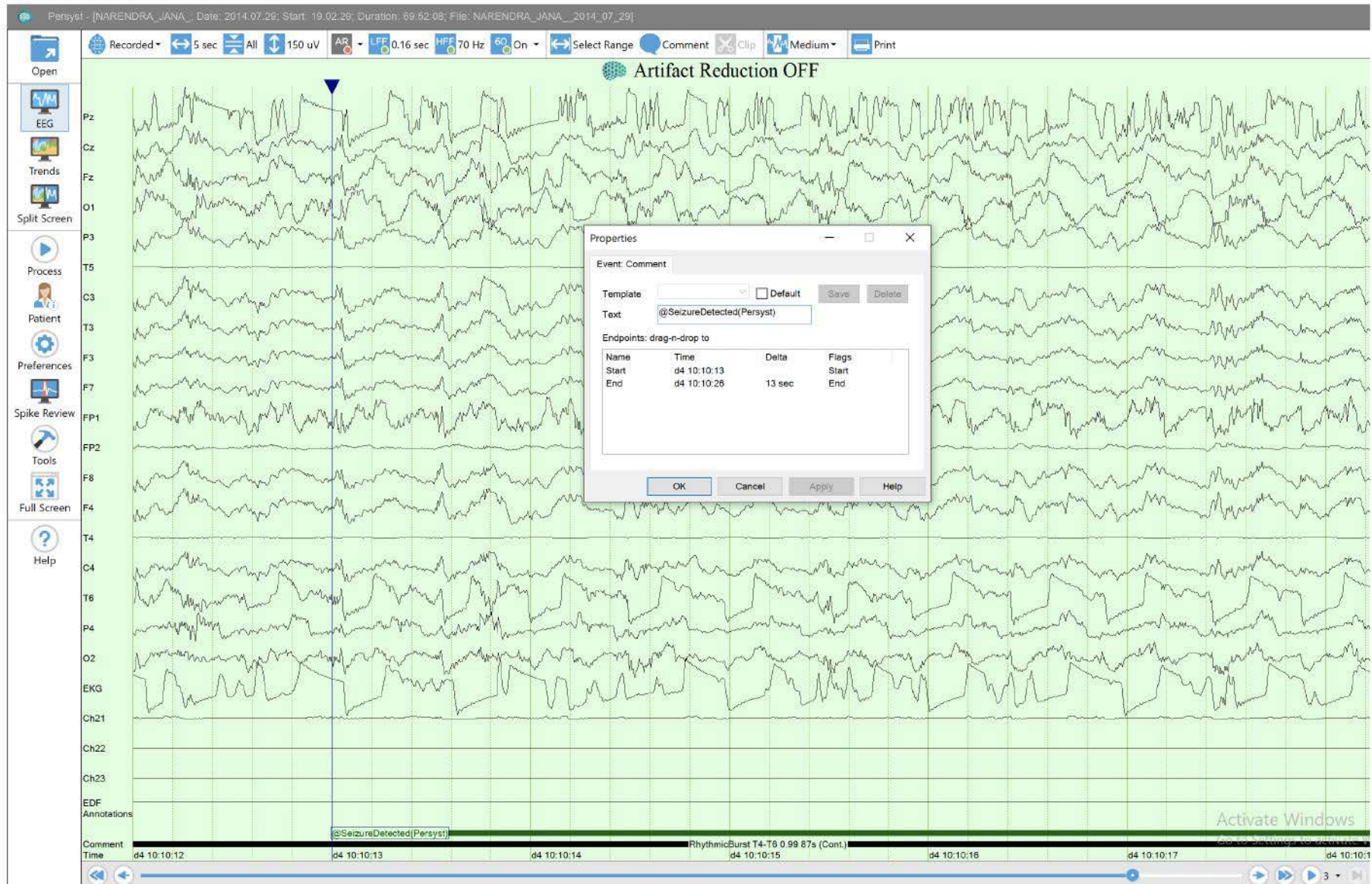




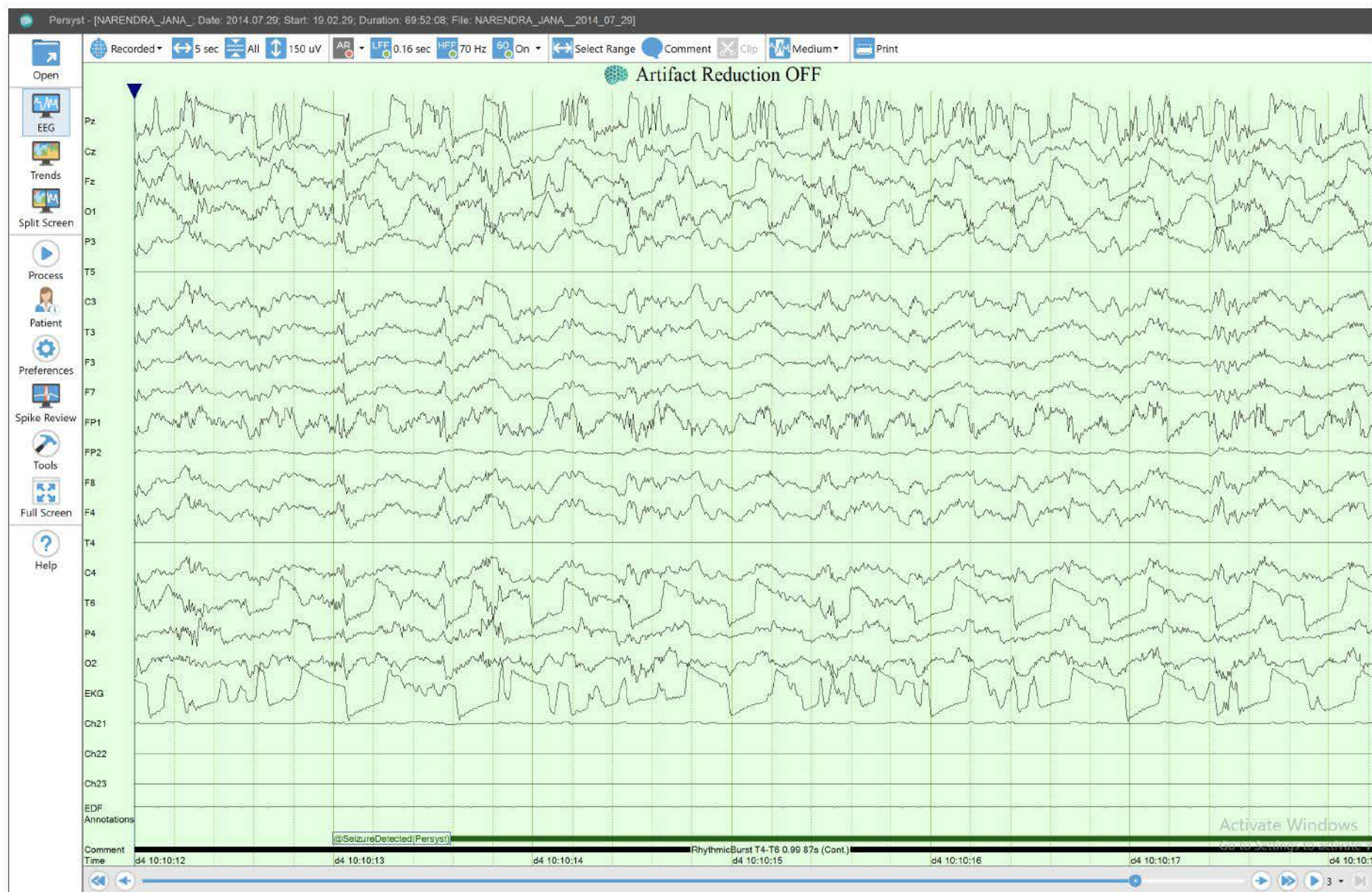


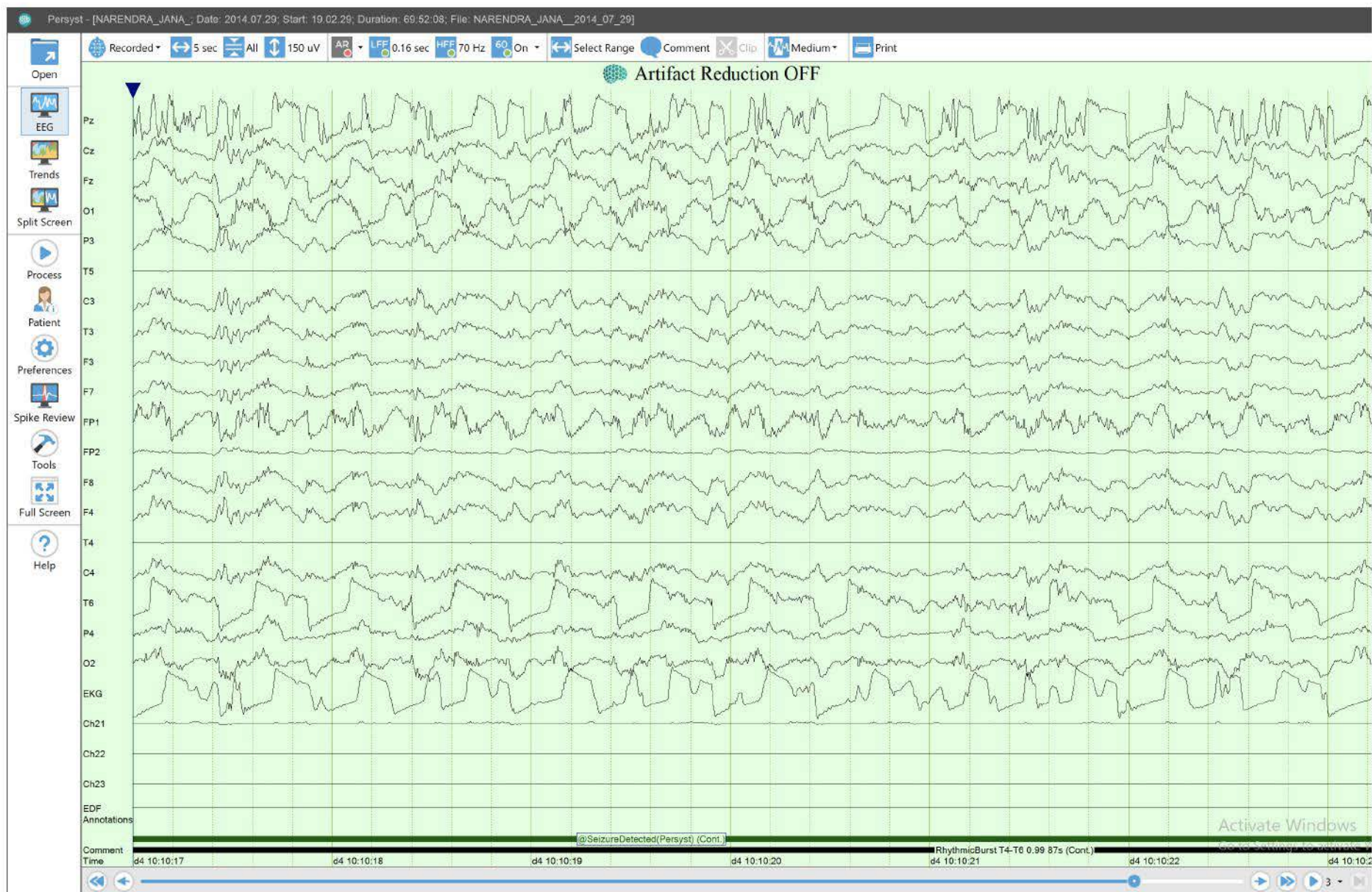


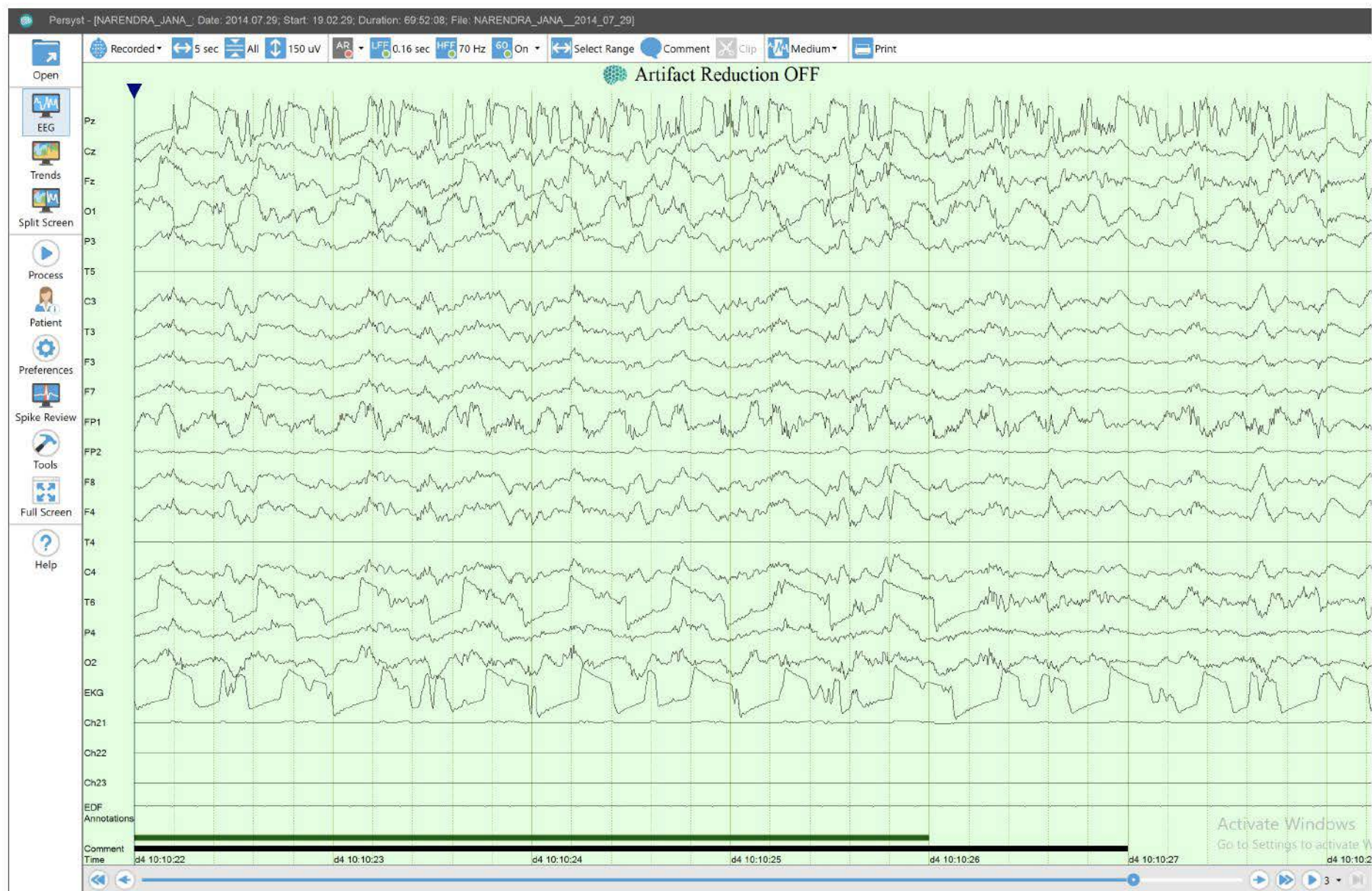
The last seizure is 13 seconds:

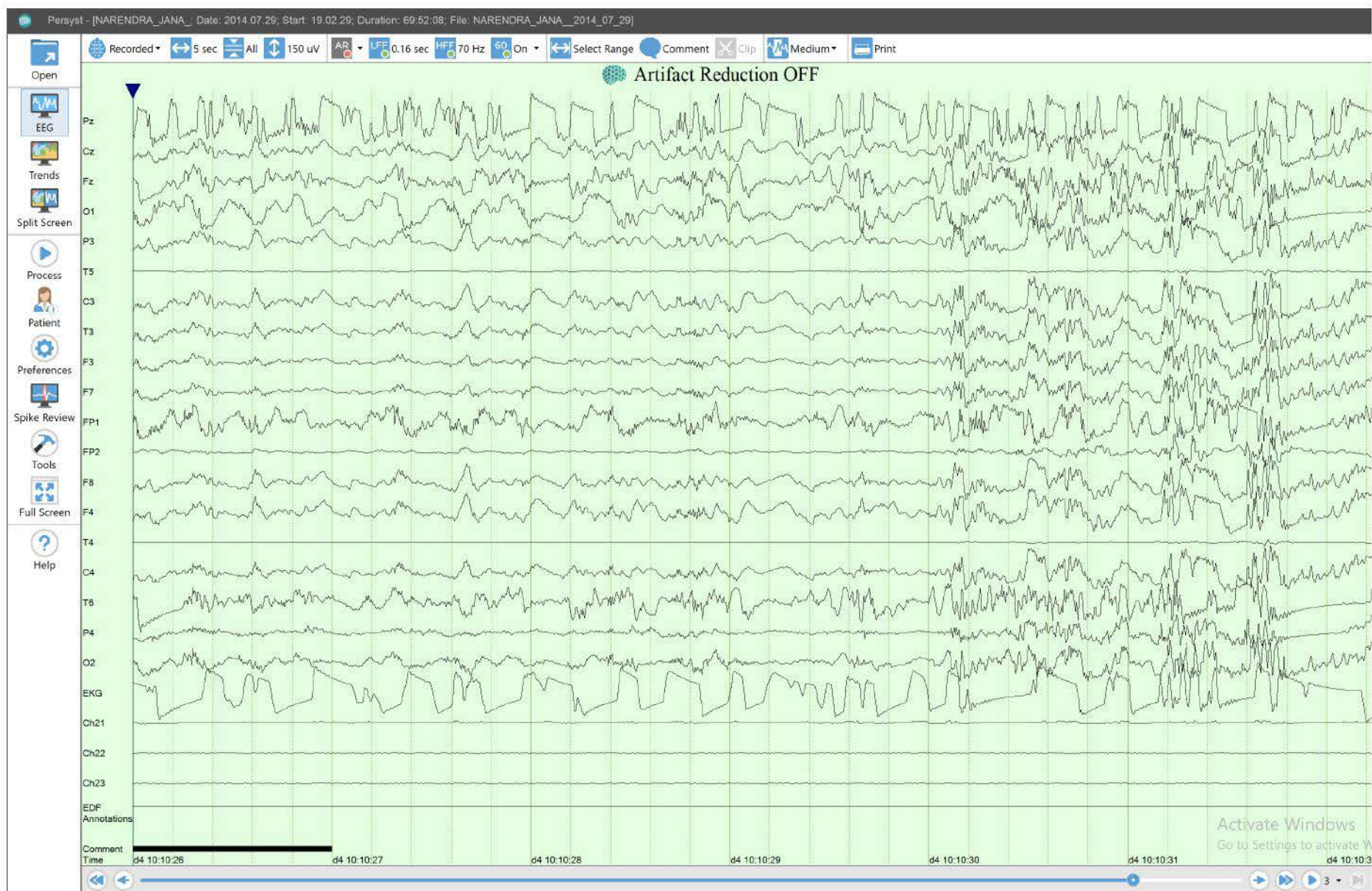








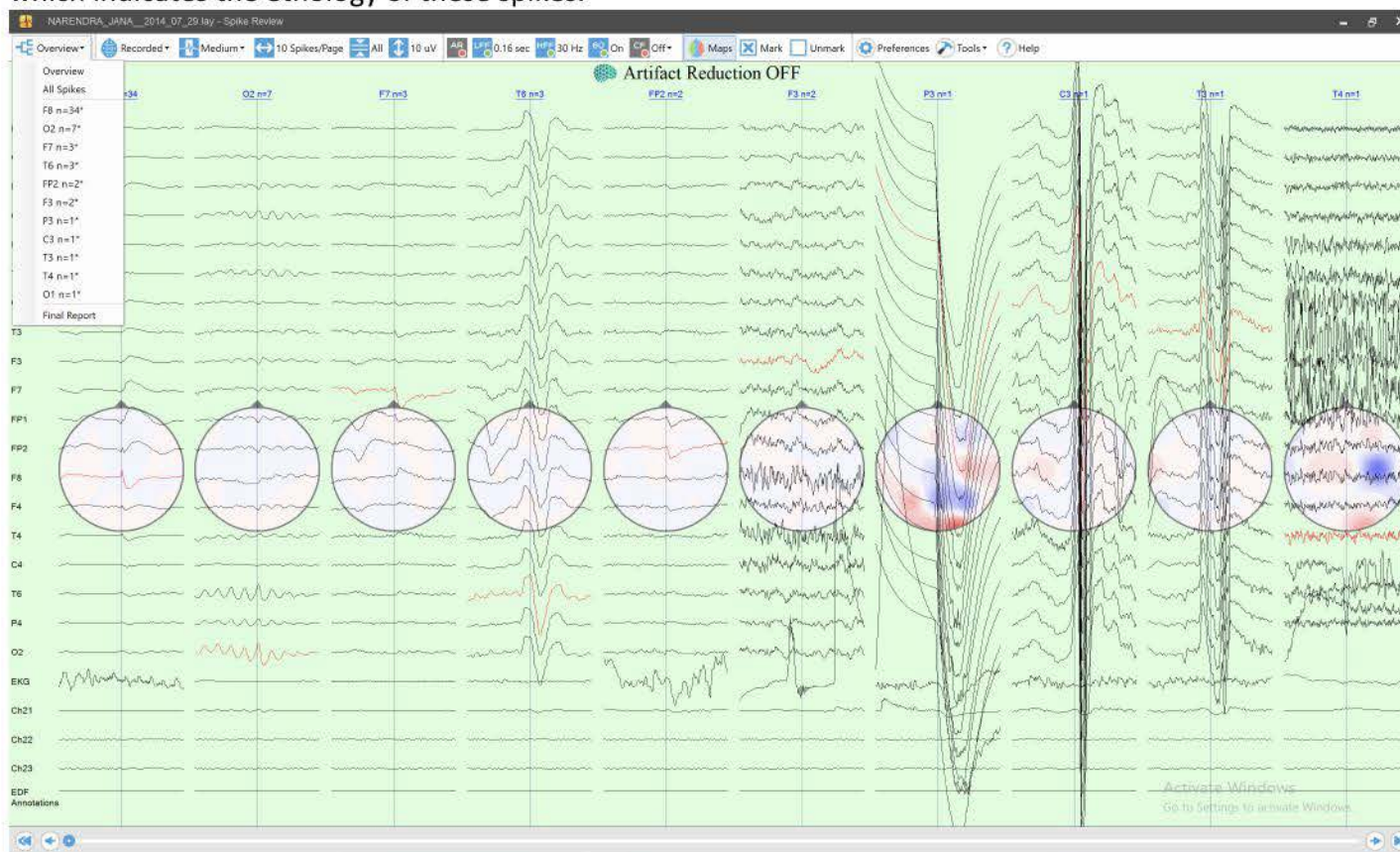


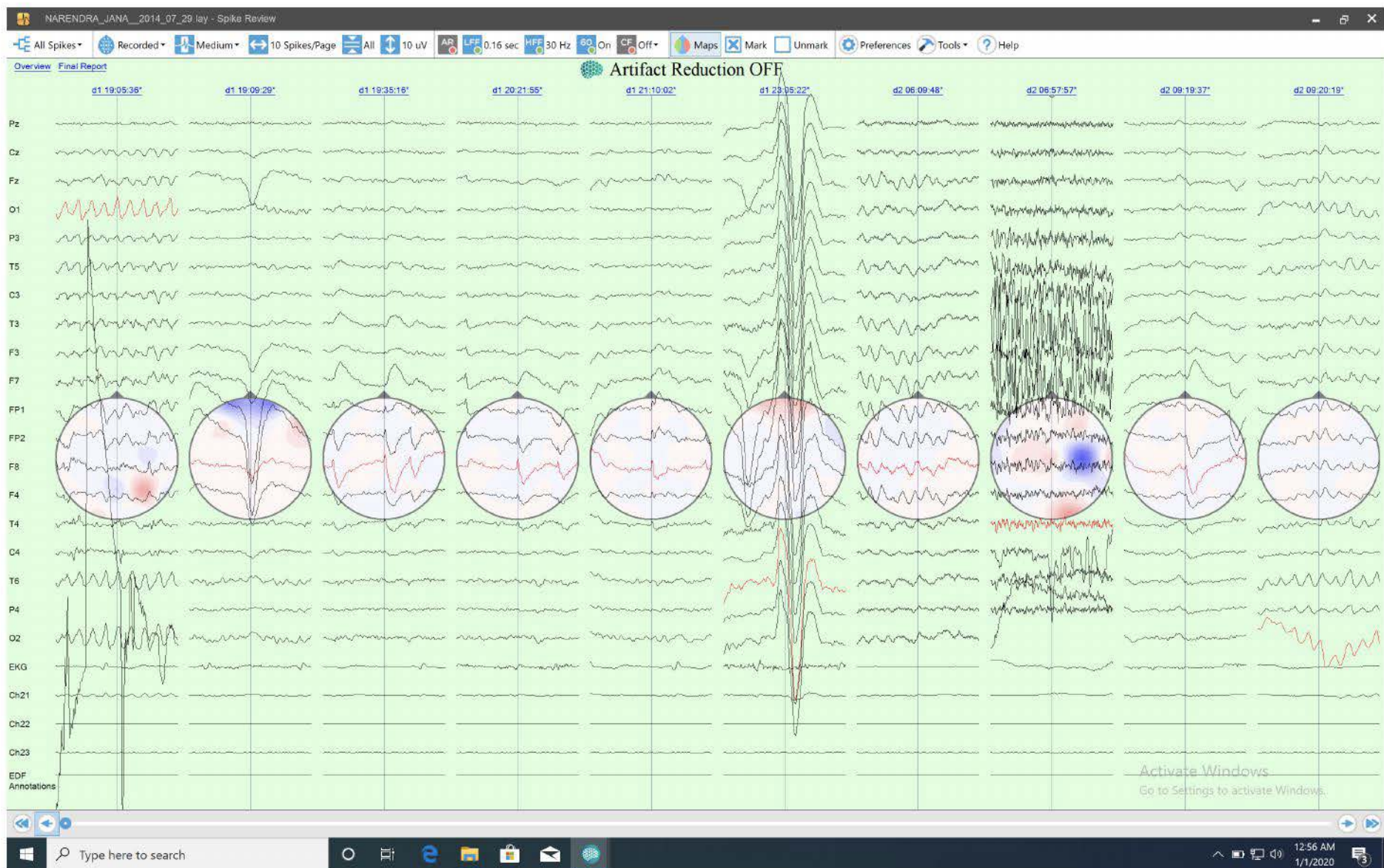


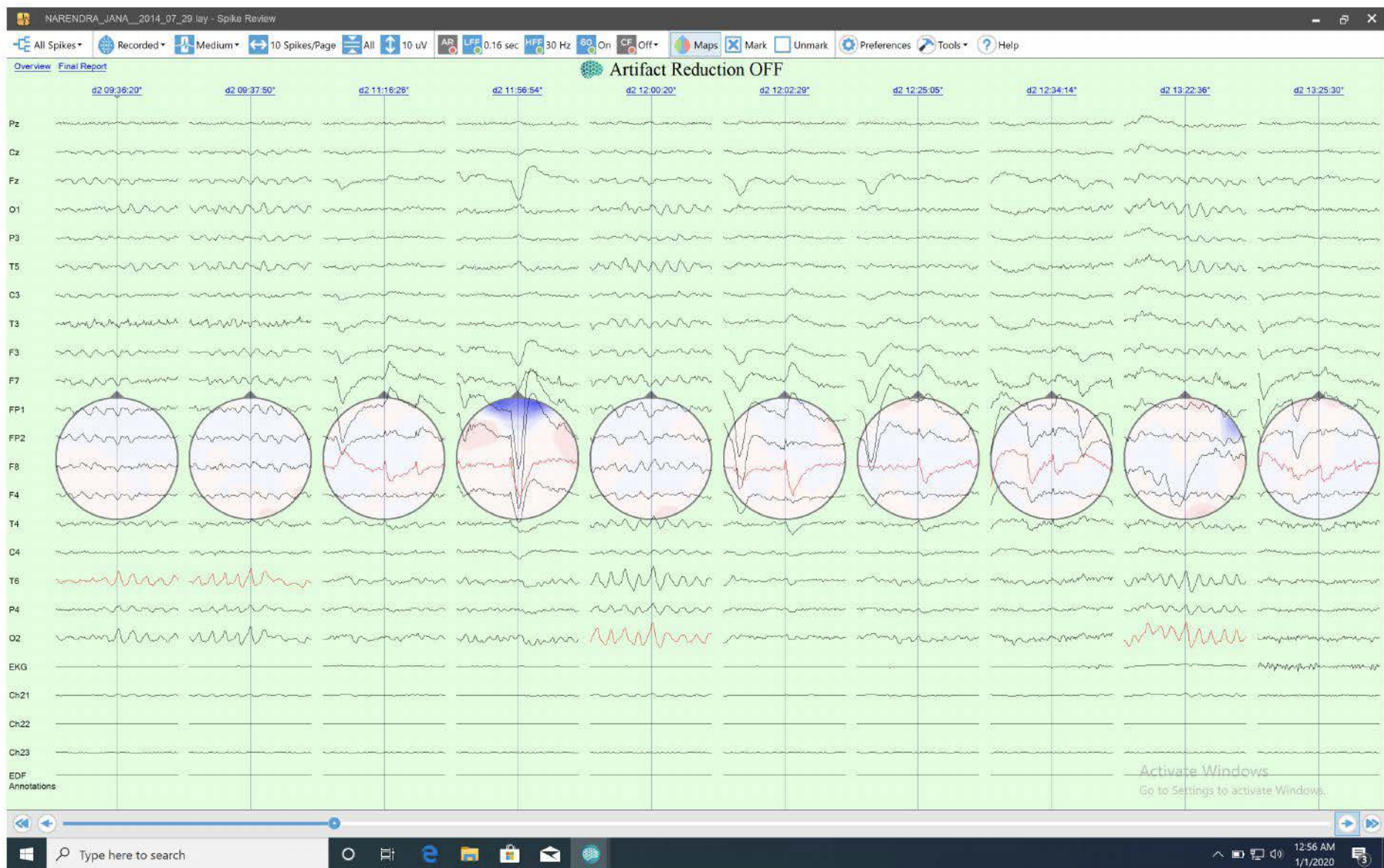
Due to the frequency of seizures it would be clear medical negligence if the doctor didn't immediately hospitalize the patient for palliative therapy. It was a gross presentation in medical setting given surrounding evidence.

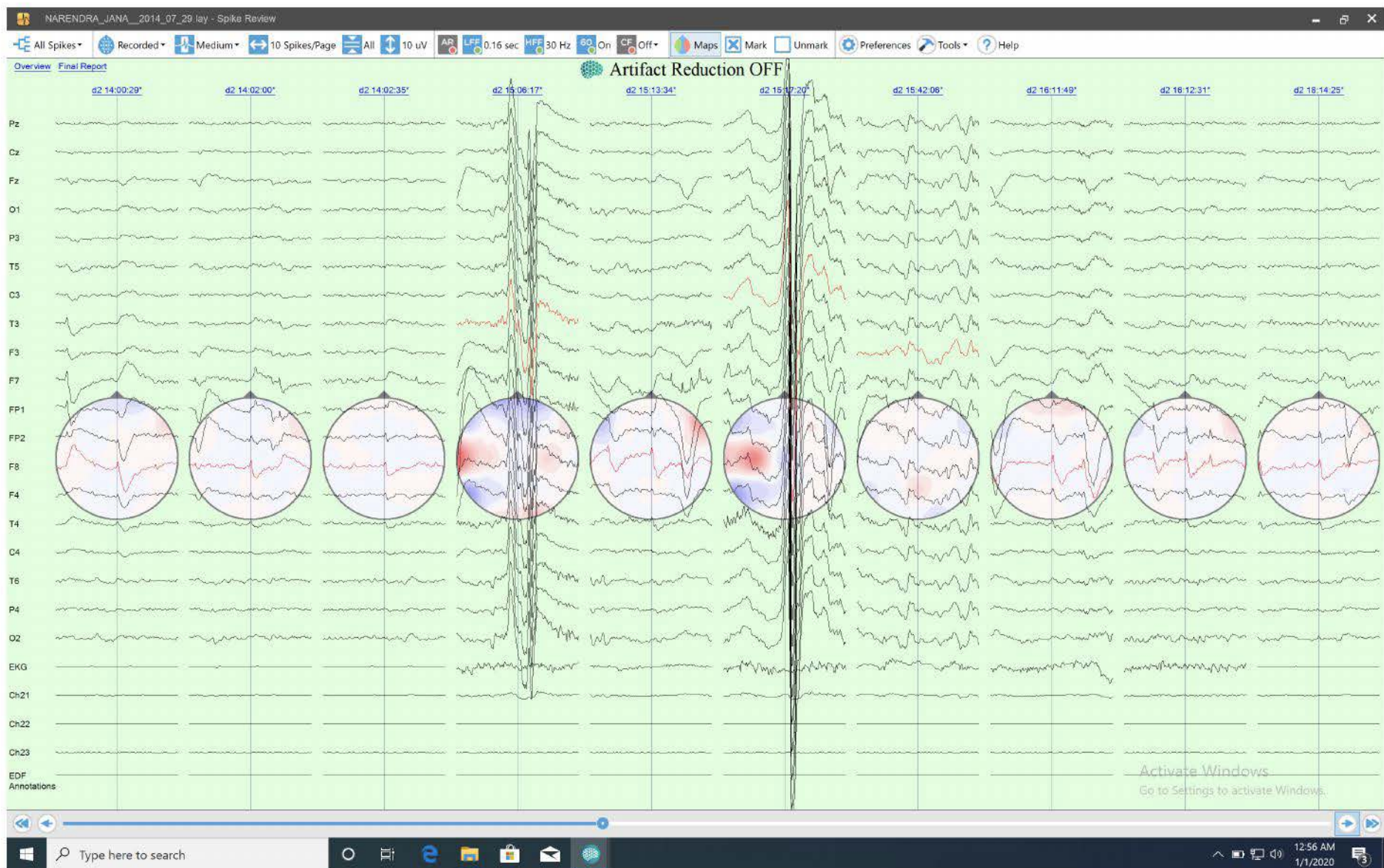
Appendix:

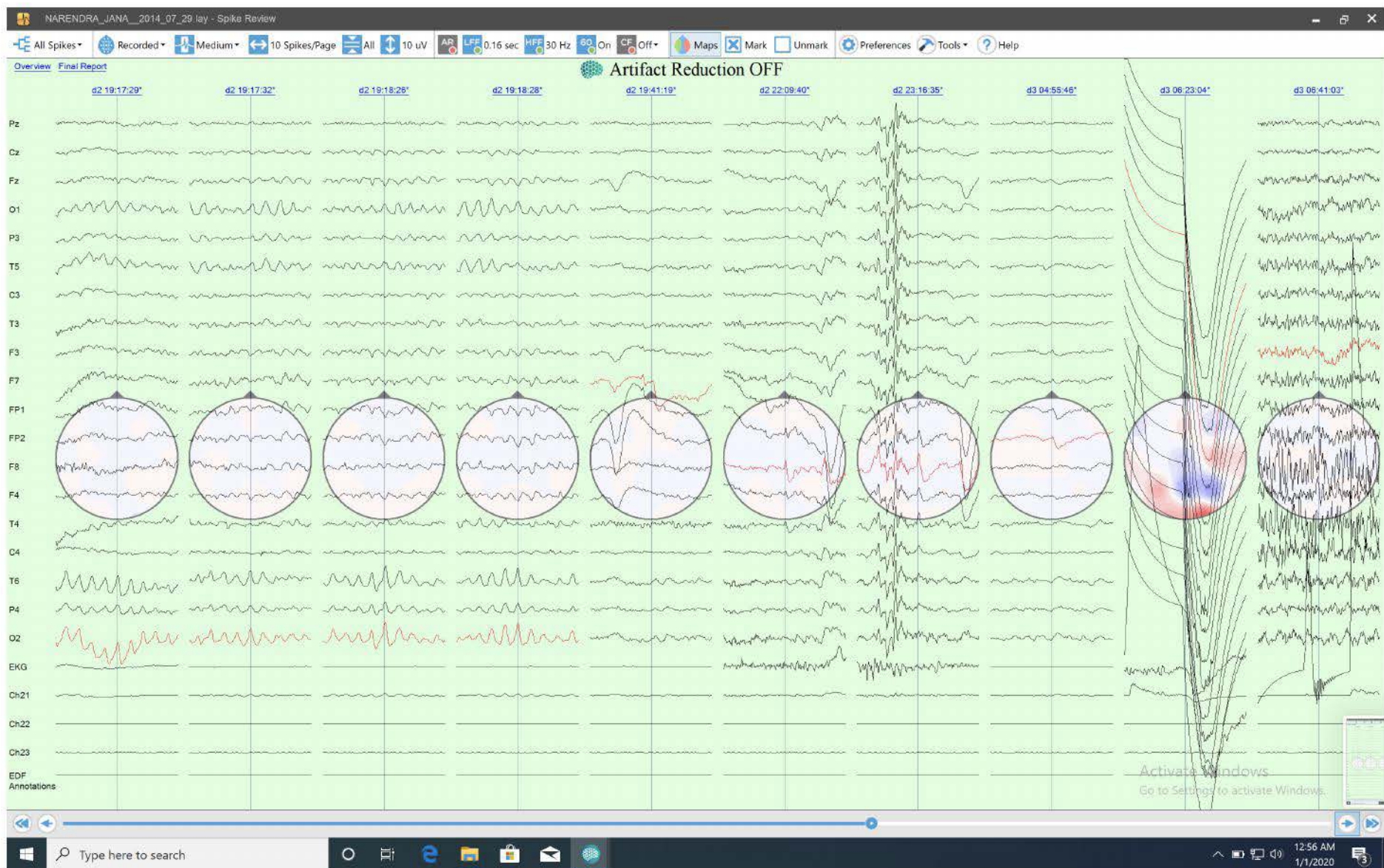
The spikes are displayed below, there is an overabundance of spikes in the F8 and O2. 34 spikes in F8 and 7 spikes in O2. There is a lesion in O2 which indicates the ethology of these spikes.

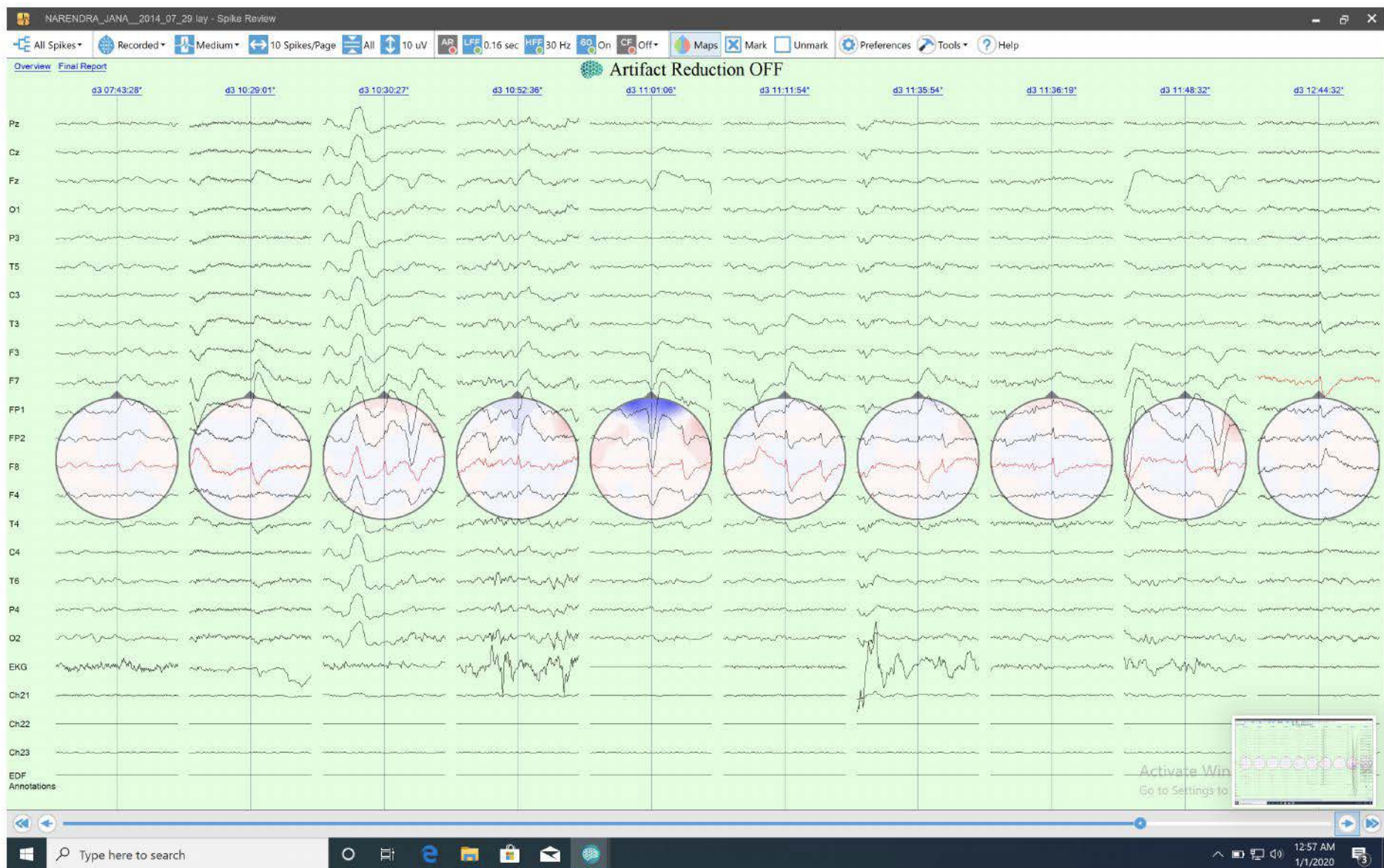


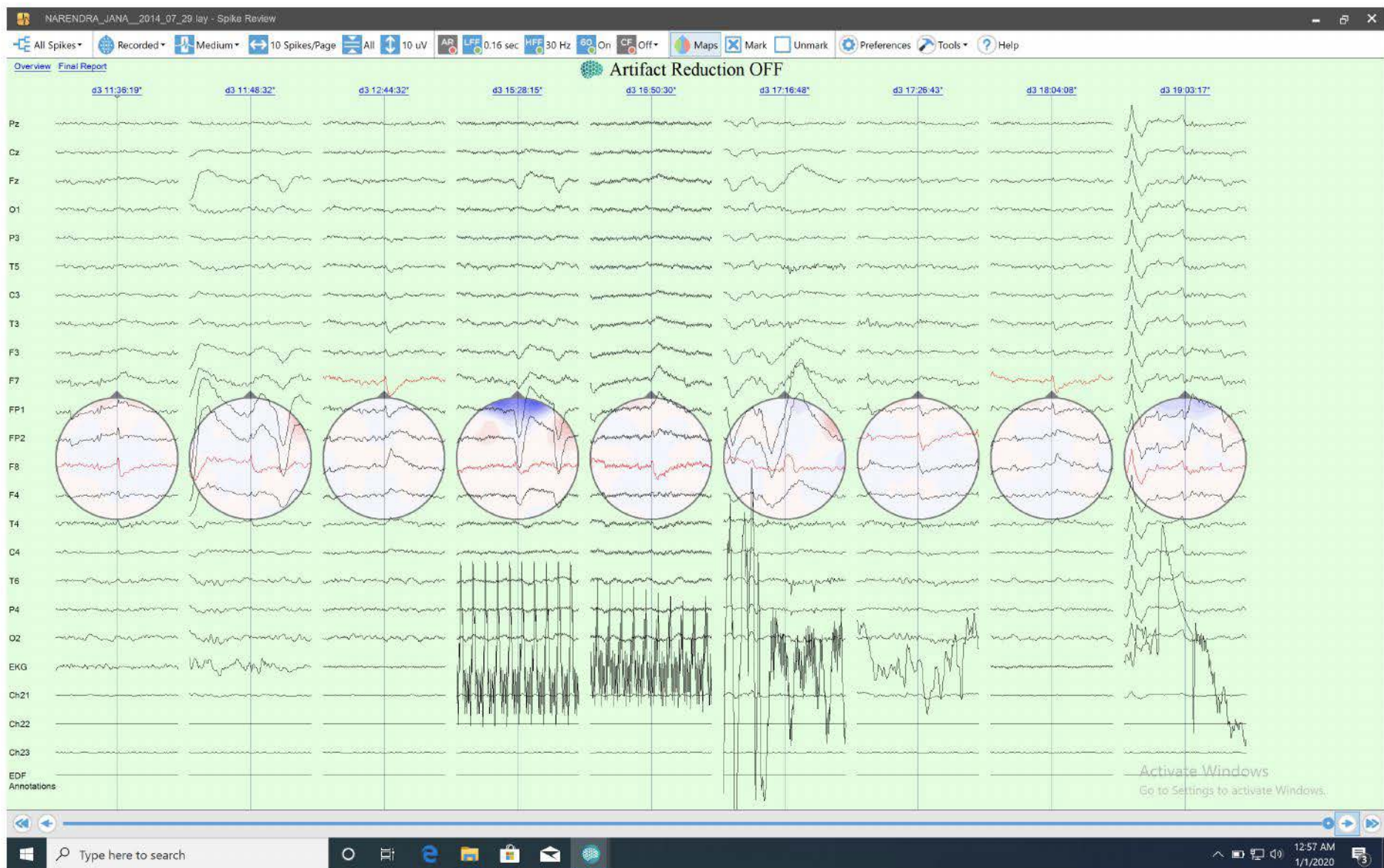












The expanded view of each spike is given below:

