2018 November 8th

- **Dr. Elizabeth Soto Cabrera – Hospital Angeles Tijuana, Mexico**
 - **Criminal Fraud →**

Dr. Elizabeth Soto Cabrera:

SEP (Somatosensory Evoked Potential) – Fraudulated Medical Test

Dr. Elizabeth Cabrera

This is a clear example of a doctor falsifying medical reports around data to try and hide the disease pathology around MS (specifically to try and hide the neurodegeneration in the spinal column). In this case the doctor does a Somatosensory Evoked Potential. Its checks the nerve conduction rate over the spinal column (it checks for lesions or neurodegeneration in the spinal column).

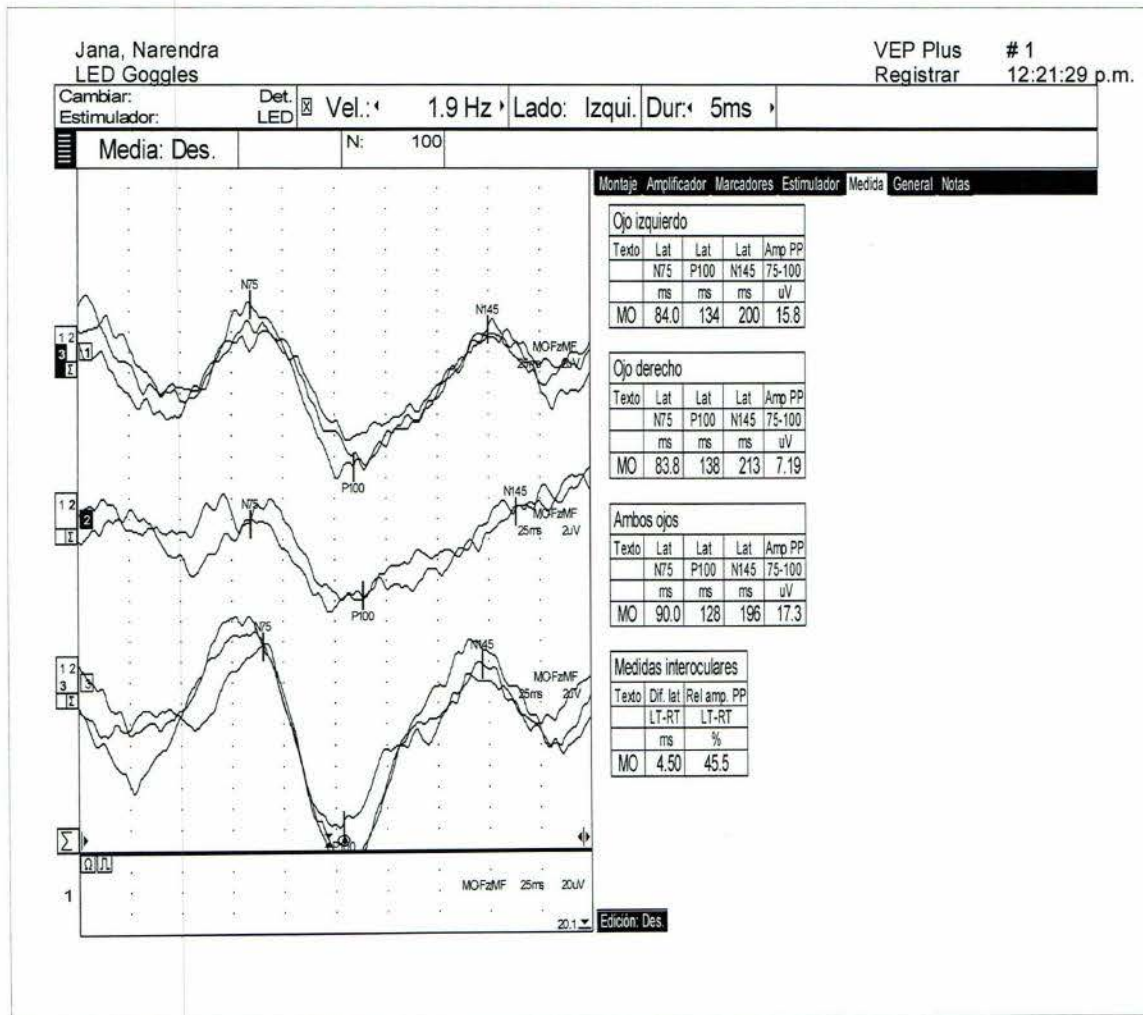The spinal column when this test was done looks like this:
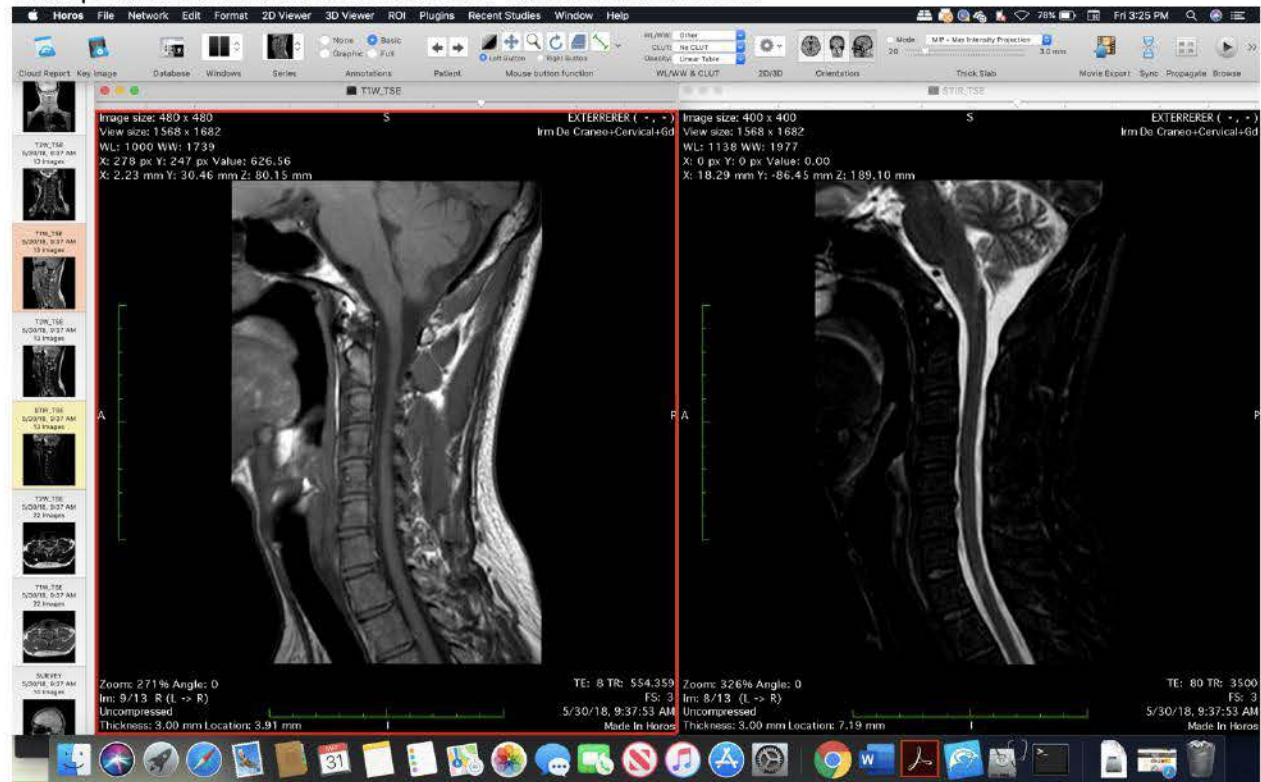
Showing damage to the upper spinal column that would effect movement of limbs (hands and feet).

In the medical results the doctor simply erases all the values that show the reduction in mobility caused by the disease, namely the values for amplitudes.

But the graphs show the clear effects that would cause a difficulty in movement due to neurodegeneration, inflammation, or lesions in the spinal column:

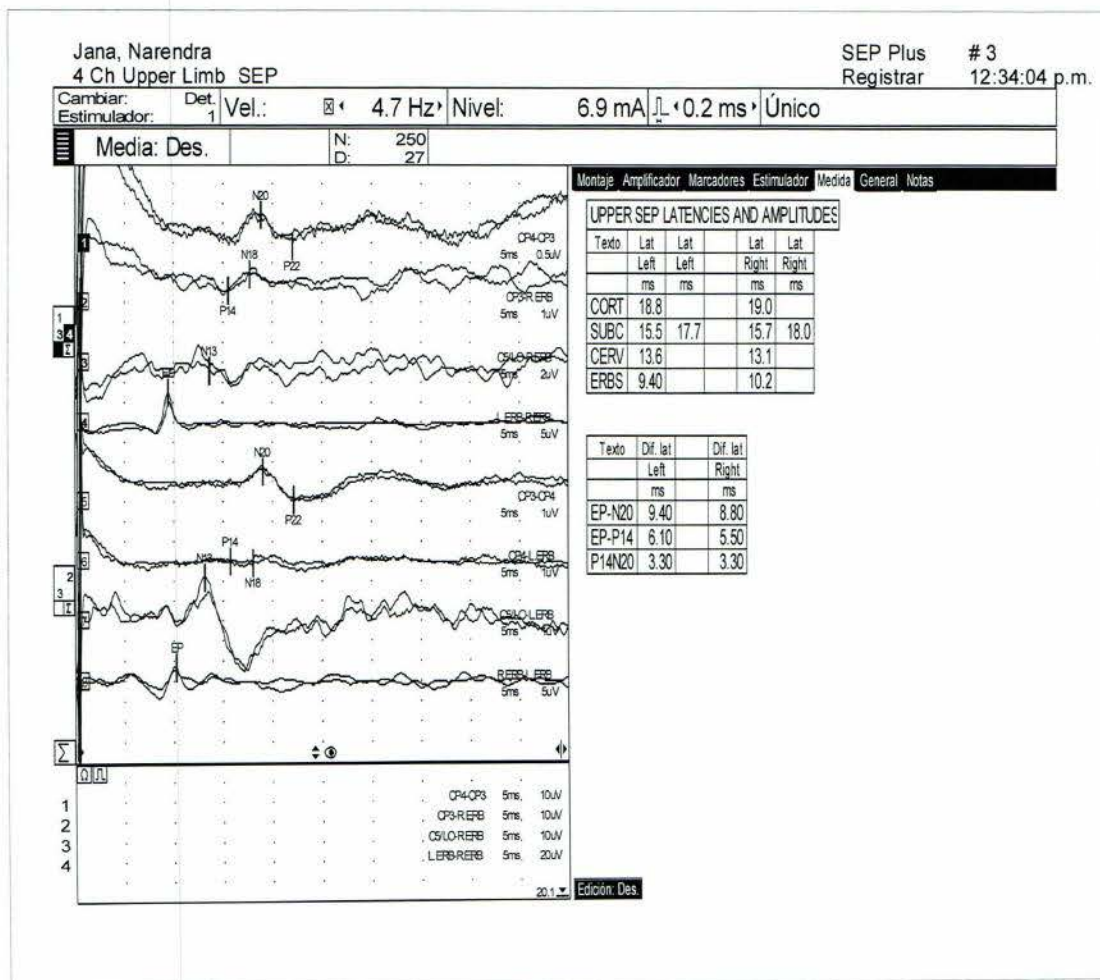Id de archivo: NOV0718   Visita: 2018-11-08   08 Nov 18 12:21

NEURODIAGNOSTICO SCA Nicolet VikingSelect

Jana, Narendra — LED Goggles — VEP Plus #1 — Registrar — 12:21:29 p.m.

Cambiar: Estimulador: | Det. LED ☒ | Vel.: ‹ 1.9 Hz › | Lado: Izqui. | Dur: ‹ 5ms ›

Media: Des.   N: 100

Montaje Amplificador Marcadores Estimulador **Medida** General Notas

Ojo izquierdo

Texto	Lat N75 ms	Lat P100 ms	Lat N145 ms	Amp PP 75-100 uV
MO	84.0	134	200	15.8

Ojo derecho

Texto	Lat N75 ms	Lat P100 ms	Lat N145 ms	Amp PP 75-100 uV
MO	83.8	138	213	7.19

Ambos ojos

Texto	Lat N75 ms	Lat P100 ms	Lat N145 ms	Amp PP 75-100 uV
MO	90.0	128	196	17.3

Medidas interoculares

Texto	Dif. lat LT-RT ms	Rel amp. PP LT-RT %
MO	4.50	45.5

Edición: Des.

The first graph checks for visual evoked potentials (VEP), it does acknowledge optic neuropathy and isn't falsified.

Jana, Narendra
4 Ch Upper Limb SEP

SEP Plus   # 3
Registrar   12:34:04 p.m.

Cambiar: Det. 1 Vel.: ⊠‹ 4.7 Hz› Nivel: 6.9 mA ⊥‹0.2 ms› Único
Estimulador:

Media: Des.   N: 250   D: 27

Montaje Amplificador Marcadores Estimulador Medida General Notas

UPPER SEP LATENCIES AND AMPLITUDES

Texto	Lat Left ms	Lat Left ms	Lat Right ms	Lat Right ms
CORT	18.8		19.0	
SUBC	15.5	17.7	15.7	18.0
CERV	13.6		13.1	
ERBS	9.40		10.2	

Texto	Dif. lat Left ms	Dif. lat Right ms
EP-N20	9.40	8.80
EP-P14	6.10	5.50
P14N20	3.30	3.30

CP4-CP3   5ms   0.5uV
CP3-R ERB   5ms   1uV
C5/LO-R ERB   5ms   2uV
L ERB-R ERB   5ms   5uV
CP3-CP4   5ms   1uV
C3-L ERB   5ms   1uV
C5/LO-L ERB   5ms   2uV
R ERB-L ERB   5ms   5uV

CP4-CP3   5ms,   10uV
CP3-R ERB   5ms,   10uV
C5/LO-R ERB   5ms,   10uV
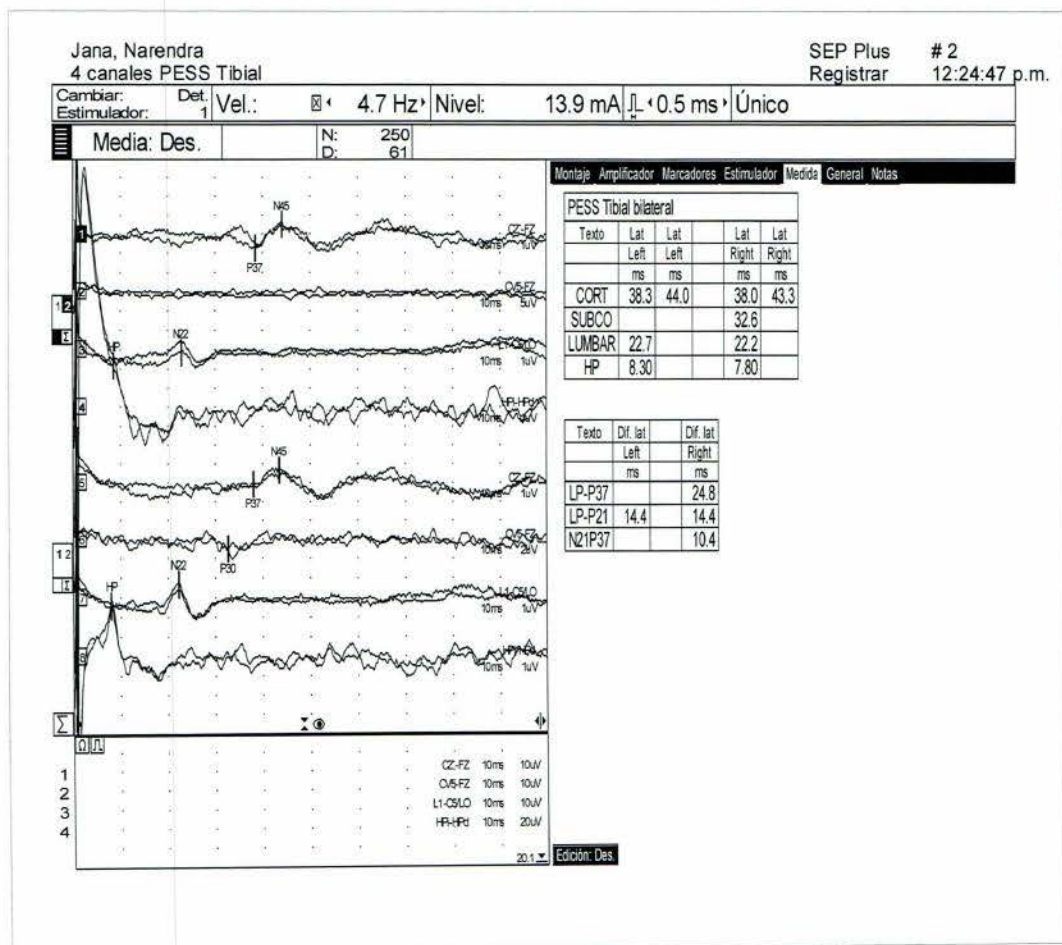L ERB-R ERB   5ms,   20uV

Edición: Des.

In the above graph the difference in amplitude (the difference in difficulty of movement) is readily apparent, the sharp peaks in the lower 4 graphs are in contrast to the clear diminished amplitudes in the upper graph. I have better movement in the right limbs than the left. The results from this graph are falsified. The graphs are also better formed in the lower graph then the upper, indicating neurodegeneration effecting the left hemisphere.

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NEURODIAGNOSTICO SCA Nicolet VikingSelect

Jana, Narendra   SEP Plus   # 2
4 canales PESS Tibial   Registrar   12:24:47 p.m.

Cambiar: Estimulador: Det. 1 | Vel.: ⊠‹ 4.7 Hz› Nivel: 13.9 mA ⏻‹0.5 ms› Único

Media: Des.   N: 250 D: 61

Montaje Amplificador Marcadores Estimulador Medida General Notas

PESS Tibial bilateral

Texto	Lat Left ms	Lat Left ms	Lat Right ms	Lat Right ms
CORT	38.3	44.0	38.0	43.3
SUBCO			32.6	
LUMBAR	22.7		22.2	
HP	8.30		7.80	

Texto	Dif. lat Left ms	Dif. lat Right ms
LP-P37		24.8
LP-P21	14.4	14.4
N21P37		10.4

CZ-FZ   10ms   10uV
CV5-FZ   10ms   10uV
L1-C5/LO 10ms   10uV
HP-HPd   10ms   20uV

20.1▾ Edición: Des.

The values missing the last graph indicate that the graphs was so poor that the machine couldn't measure it, the LP-P37 results for the left limb and the N41P37 values for the left limb. The SUBCO value is also deleted or couldn't be measure due to clinical effect. The graphs for the right hemisphere are also better formed then the left indication neurodegeneration that effects the left hemisphere. They are clear abnormalities in a patient with MS. The doctor then falsifies her report based on falsified results:

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DRA. ELIZABETH SOTO CABRERA
NEURÓLOGA Y NEUROFISIOLOGÍA CLÍNICA

Visual Evoked Potentials, Upper and Lower Limbs Somatonsensory Evoked Potentials

Patient

Patient	Narendra Jana	Date	11/08/2018
Age	34 yo	Sex	Male
Handedness	Right		
Diagnosis		Sent	Dr. Gutiérrez
		Perform	Dra. Elizabeth
		study	Soto Cabrera

Technique

FINDINGS:

Visual Evoked Potentials (VEP)
Monocular stimulation by stroboscopic light with goggles and placen record electrodes in Oz. We obtained integration of component P100 on the left side with latency of 134 ms and on the right side, latency of 138 ms, with bilateral stimulation we obtained a latency of 128 ms (normal in under 132ms with goggle stimulation). Interocular latency difference is 4ms (normal VN <10 ms). Amplitude in right side is less tan 50% comparing to left side (7.19 uV vs 15.8 uV) wich is significative.

Lower Limbs Somatosensory Evoked Potentials (SEP)
We stimulated Posterior Tibial Nerve bilaterally. Record electrodes were placed in Cz, C5, L1 and popliteal fossa bilaterally. We applied 250 stimulus with 3.1 Hz, with respective replication in each side. We obtained integration of component in Popliteal fossa (HP), Lumbar and Cortical. We found normal latencies bilaterally in every component. There is no side to side significative difference.

Upper Limbs Somatosensory Evoked Potentials (SEP)
We stimulated Median Nerve bilaterally. Record electrodes were placed in C3, C4, CV and Erb bilaterally. We applied 250 stimulus with 3.1 Hz, with respective replication in each side. We obtained integration of component Erb, CV, SC and cortical. We found normal latencies bilaterally in every component. There is no side to side significative difference.

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Interpretation

ABNORMAL Neurophisiologic Study

1) **VEP:** *Abnormal Visual Evoked Potentials* due to slightly prolongation of cortical potencial P100 bilaterally, wich signifies visual prechiasmatic pathway disfunction aswell as axonal degeneration on right visual pathway due to low amplitude

2) **SEP:** *NORMAL Upper and Lower Limb Somatosensory Evoked Potentials*
   a. Normal SEP signifies integrity of dorsal column or posterior cord pathway sensibility, from periferical receptors to cortical integration. They do not exclude abnormality in other sensory pathways.

COMMENTS
We send graphics and tables. We reccomend close correlation with clinical and paraclinics findings.

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The SEP of the upper and lower limbs have clear differences in amplitude and possibly latency (difficult to determine due to malformed graphs) effecting movement and determined by both the MRI images and the graphs in the tests.

This medical diagnostic and report stands out as one of the easiest examples of demonstrating an attempt at falsifying a diagnostic and shows a clear case of fraudulence with an attempt to hide a condition to further neurodegeneration or to hide harm from past negligence.