

Medical report- Echography with colour duplex-sonography inguinal

Patient: Mr. **John Nicholson**, born 01.06.1948

Date of examination: 15. July 2011

History: unclear radiological clinical finding inguinal left side

Indication: Further clarification

Inspection and palpation inguinal left side:

Skin normal, no hernia, no intestinal incarceration, small pulsation on the left side lateral of the root of the penis.

Sonography-report:

On the left side next to the testis and to the root of the penis, a small lump of about 13mm x 9,2 mm was presentable; the echostructure of the lump was inhomogen, clean bordered with an echofree border; in the colour duplex sonography, vasculature with arterial pulsation. Beside these findings, normal echography.

Executive summary:

Small inhomogen lump with the size of about 13mm x 9,2mm, clean bordered with an echofree border and a pulsating blood vessel to the hilus. On spec of a normal lymph-node, but because of the inhomogen structure, a non-benign lymphnode or a tumor could not be excluded.


Claudia Caspari, MD.

CASPARI

Claudia Caspari-Jenn
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Clinica Naranjal

ULTRASOUND SCAN REPORT

NAME : JHON NICHOLSON
INDICATION : PRIVATE DOCTOR
DATE : 24 October 2011
TEST CARRIED OUT : SOFT-TISSUE ULTRASOUND

EVALUATION OF THE LEFT INGUINAL AREA, OF THE SPERMATIC DUCT,
HAD THE FOLLOWING FINDINGS:

- SKIN AND SUBCUTANEOUS TISSUE INTACT
- MUSCLE SURFACE INTACT
- VASCULAR STRUCTURES WITH NO ALTERATION
- ON THE SPERMATIC DUCT 02 CALCIFICATIONS OF 2.4 mm AND 2 mm WITH A LARGE ACOUSTIC SHADOW AT THE BACK, SEPARATED BY A DISTANCE OF 28.6 mm WERE DETECTED LESS THAN 3 mm UNDER THE SKIN.

CONCLUSION:

1. CALCIFICATION IN SPERMATIC CORD IN LEFT INGUINAL AREA OF E.A.D..
2. CONSIDER THE CONSEQUENCE OF UROGENITAL INFECTION OF THE VAS DEFERENS.

[Signature]

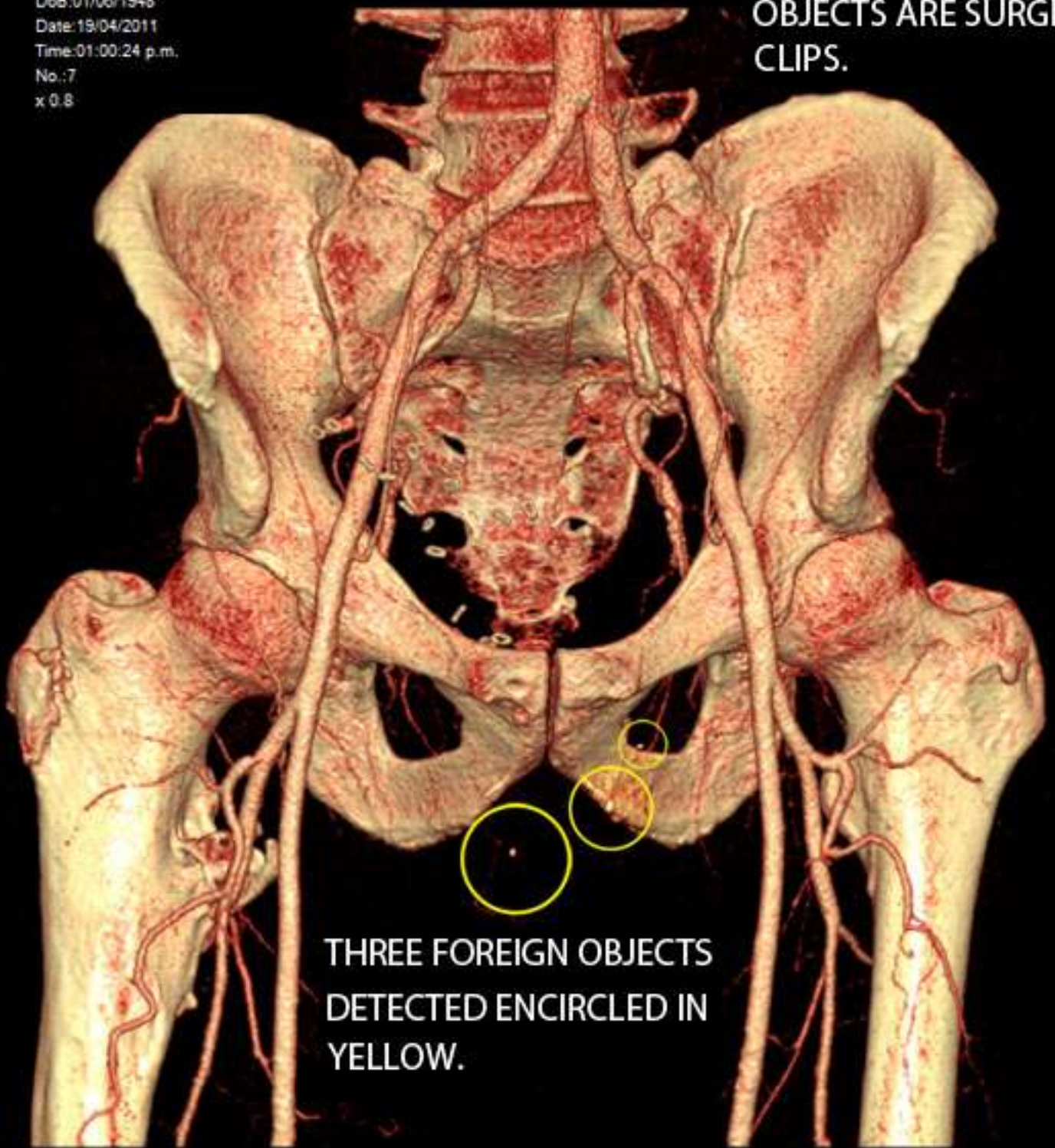
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VASCULAR ANGIOGRAM OF PELVIS

Name: NICHOLSON JOHN MURDO**
ID: 11-160822
DoB: 01/06/1948
Date: 19/04/2011
Time: 01:00:24 p.m.
No.: 7
x 0.8

LAO/RA
CRAN/CAU

THE POLO-MINT SHAPED
OBJECTS ARE SURGICAL
CLIPS.



THREE FOREIGN OBJECTS
DETECTED ENCIRCLED IN
YELLOW.

Clinica Naranjal

MEDICAL REPORT

1. PATIENT DETAILS

1ST SURNAME: MURDO 2ND SURNAME: NICHOLSON FIRST NAME: JOHN
PASSPORT NO.: 540088895 PLACE: CLINICA NARANJAL - LOS OLIVOS TEL: 5217823
DATE OF SURGICAL INTERVENTIONS 25 OCTOBER 2011
07 NOVEMBER 2011
14 NOVEMBER 2011

2. MEDICAL REPORT (To be completed by the primary care or specialist doctor treating the patient or the doctor at the Centre for Assessment and Guidance)

2.1 Diagnosis and treatment

DIAGNOSIS : VASCULAR CALCIFICATIONS IN THE SPERMATIC CORD, THE LEFT INGUINAL DUCT AND THE ANAL CANAL
TREATMENT : EXPLORATION AND REMOVAL OF CALCIFICATIONS
HOSPITALISATION : 25-26 OCTOBER 2011, 07 - 08 NOVEMBER 2011 AND 14-15 NOVEMBER 2011

2.2 SURGICAL findings.

25/10/2011 EXPLORATION OF LEFT SPERMATIC CORD + REMOVAL OF VASCULAR CALCIFICATION
07/11/2011 EXPLORATION OF THE LEFT INGUINAL AREA + REMOVAL OF CALCIFIED CIST IN THE LEFT SPERMATIC CORD
14/11/11 EXPLORATION OF THE ANAL CANAL + REMOVAL OF TWO TUMORS OF 0.5 cm

2.3 Special care needed, (probe, insulin therapy, oxygen therapy, placement of prosthesis, etc.)

- Hospitalisation and antibiotic treatment.

MEDICAL REPORT (To be completed by the primary care or specialist doctor treating the patient or the doctor at the Centre for Assessment and Guidance)

2.4 Comments (About what is stated in previous sections or not specified but considered to be of interest)

TREATMENT RECEIVED

- ClNa 9*** 1000cc XXX drps x min
- CEFTRIAXONA: 1 gr EV every 12 hrs x 2 doses
- RANTUDINA 1 AMP EV every 8 hrs x 4 doses
- METAMTZOL 1 gr EV every 8 hrs or as required for pain
- METOCLOPRAMIDA 1 amp EV every 8 hrs x 1 dose
- CFV

3. DETAILS OF THE DOCTOR TREATING THE PATIENT

SURNAME, NAME AND SPECIALIST AREA:

DR. DIAZ SILVA, MANUEL ANGEL	: SURGEON - UROLOGIST	C.M.P. 35758	R.N.E. 18603
DR. ROJAS RIVERA, CHRISTIANROLAND	: SURGEON - GENERAL SURGEON	C.M.P. 33965	R.N.E. 18755
DR. PEREZ SOVERO, RICARDO ENRIQUE	: SURGEON - GENERAL SURGEON	C.M.P. 35569	R.N.E. 17455

4. DETAILS OF DOCTOR ISSUING THE REPORT

NAME AND SURNAMES: JORGE WILLIAM ESPINOZA SOLIS -

ESTABLISHMENT: CLÍNICA NARANJAL

MEMBERSHIP NUMBER: 35763

CONTACT TELEPHONE NUMBER: 5217823

LOS OLIVOS, 15 NOVEMBER 2011 [Stamp: CLINICA NARANJAL, LOS OLIVOS]

[Stamp: JORGE ESPINOZA SOLIS
SURGEON
[Illegible]
MEDICAL DIRECTOR
CLÍNICA NARANJAL

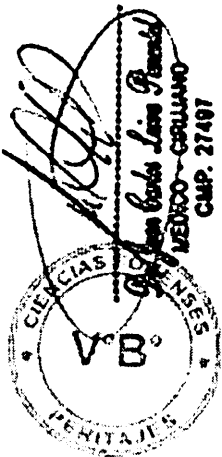
- * LOS OLIVOS: Av. NARANJAL 1582 (a media cuadra del Ovalo Huandoy) Tel.: 5217823
- * PUENTE PIEDRA: Mz. E-1 Lot. 17 PORTALES DE CHILLON (Entrada a la Ensenada) Tel.: 5511414
- * COMAS: Av. Guillermo de la Fuente N° 245 (frente al Centro de Salud Sta. Luzmila)
- ACCIDENT AND EMERGENCY: M: 99961-5155 - 99660-9002 H: 987404987 / 987404980

FORENSIC EXPERT MEDICAL APPRAISAL

I. GENERAL:

A. THE EXPERT

The undersigned expert Dr. Juan Carlos Leiva Pimentel, holder of ID card no. 43363633, Surgeon, registered under PMA no. 27497, Medical Forensic Expert for the Criminal Investigation Dept. of the Peruvian National Police Force, personal code no. 292486, holding a master's degree in Legal Medicine and Forensic Science from the UNFV, qualified to undertake Medical Assessments, Investigative Criminal Reporting, Crime Scene and Forensic Identification at the PNP Criminology College, having specialized in Forensic Anthropology at the Universities of Alcalá de Henares and Granada in Spain; the undersigned is Professor of the Criminology College, Criminal Investigation College, Higher Police College, State Prosecution College, Magistracy Academy and Postgraduate Units of the UNFV, UNMSM and USMP, Member of the Peruvian Legal Medicine Association and of the Latin-American Institute of Forensic Sciences; with his official address in Lima - Peru, at the request of Mr John Murdo NICHOLSON (63), shall make an expert appraisal in accordance with examinations based on HUMAN MEDICINAL procedures, applying to them his wide professional experience and veracity.



AIM OF THE STUDY

THE PRESENT FORENSIC EXPERT MEDICAL APPRAISAL is based on a study of the medical, radiology and ectoscopy reports and other imaging examinations carried out on the British citizen John Murdo NICHOLSON (63), with the aim of establishing the relationship between them and his current clinical status.

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Dr Juan Carlos Leiva Pimentel /Signature/

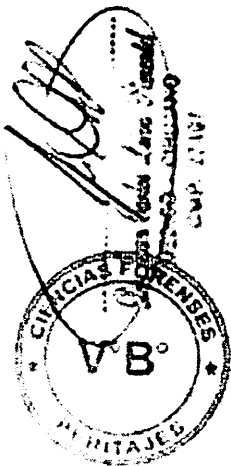
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C. METHODS USED

1. In the present case a study of the medical reports, radiology report, imaging diagnostic (echogram) and ectoscopic examination will be carried out, with the aim of determining the aetiology underlying the present state of health in connection with the injuries suffered and their consequences.
2. The methods employed to produce this expert study are **OBJECTIVE, ANALYTICAL AND COMPARATIVE.**

D. MATERIALS USED

The following literature, described below, was used:



FOREIGN BODIES

Pathologies due to foreign bodies within an organism merit some special considerations.

General

- . They are very common and, generally speaking, the patient requires immediate attention in all cases.
- . In many cases they are not very significant in terms of causing pathologies; but in certain circumstances they may become very serious and require rapid therapeutic attention.
- . All physicians need to be well aware of the overall problems generated by the presence of a foreign body.
- . Diagnosis may be extremely difficult and therapeutic determination often involves a very complex and difficult problem, characterized by risks.
- . This may be one of the areas of surgical practice in which more than just good judgement is required to be able to act intelligently.

We shall examine only those instances of foreign bodies which have entered a patient by accident. We shall not consider the instance

of foreign bodies introduced into the body's natural cavities (trachea, bronchia, rectum and auditory canal, *inter alia*).

It is useful to determine the nature of the foreign body. Contemplation of its physical nature and organic tolerance, in particular, leads to diagnostic, prognostic and therapeutic considerations.

Metal objects: these are usually well tolerated for a time, depending the type of metal concerned.

- . Well tolerated for long periods of months or even years: steel needles;
- . Quite well tolerated: iron (pins, pieces of tools or industrial fragments);
- . Poorly tolerated: lead (bullets, shot), copper (wires).

As they are all radio-opaque they are easily identified.

Vegetable matter: splinters of wood, thorns, pieces of clothing (cotton) - these are poorly tolerated and are radio-transparent. They may be detected in certain cases, using special radiological procedures involving X-rays, Computerized Axial Tomography and, in particular, Magnetic Nuclear Resonance.

Glass: well tolerated and difficult to detect by radiological methods. Red glass (gold salts), fine glasses or painted glass (lead salts) are radio-opaque.

Animal matter: pieces of bone, fish-bones, catgut. These are poorly tolerated and cannot usually be detected by radiological methods.

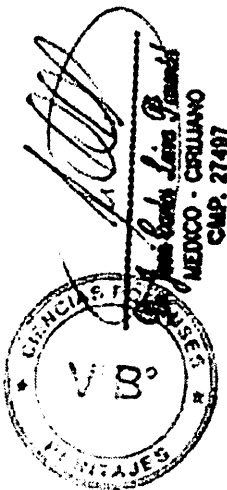
Symptoms:

- Background: in most cases symptoms are preceded by a puncture wound, from either a fragile or brittle object (glass, splinter, thorn), metal (needle), projectile (bullet), etc. However, two situations which are likely to lead to error may arise in this respect:

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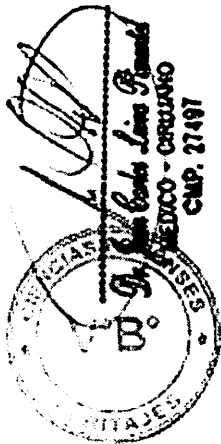


. It is usually the case that the patient is unaware of having suffered a puncture wound and so may fail to realize that he or she has incorporated a foreign body. This happens with wounds caused by very sharp objects (needles, fragments of glass, very thin wooden splinters, etc.) in everyday accidents or incidents accompanied by other circumstances (road accidents, falls, fights, etc.), being drunk, unconscious, etc. This means that the absence of a clear causative event should not rule out the possibility that a foreign body has been incorporated.

. The patient erroneously believes that he or she has injured him or herself with a foreign body and that it has been incorporated.

Both instances occur frequently and should be reported by a doctor.

- . Pain: variable according to the size, nature, whereabouts and location with respect to nerve fibres and branches, potentially enhanced by the patient's sensitivity and fear of having incorporated a foreign body.
- . Indications of inflammation: variable in intensity, according to the time elapsed and the nature of the foreign body (well or poorly tolerated).
- . Indication of neurological irritation: affecting nearby nerve fibres or in wounds directly.
- . Indication of vascular irritation: mainly affecting the arteries: vascular spasm, alteration of the pulse, pallor due to reflex vasoconstriction.
- . Palpation: foreign bodies are usually very hard to detect by touch, either because they are very small or because they are very deep.



Radiology

This is only of definite usefulness in the case of foreign bodies made of metal, fragments of densely calcified fragments of bone and, in general, objects that are radio-opaque.

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Very delicate radiological techniques involving low-penetration rays ('soft' X-rays) in examinations under strong light may sometimes

identify foreign objects of low radiological density (wood splinters, glass).

Computerized Axial Tomography and Magnetic Nuclear Resonance are highly performing diagnostic techniques.

Diagnosis: this may be simple if there are irrefutable facts and reliable background information, such as in the case of metal objects, for example.

But, as often happens, the lack of background information, a poor assessment of the facts by patients and X-rays revealing nothing may cause serious problems for diagnosis.

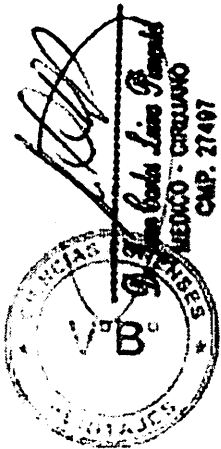
Treatment

In most cases there is no sense of urgency or of risk to the patient. The main problem, which may be very serious and require urgent resolution, involves the possible complications caused by the foreign body: vascular damage, bullet fractures, penetrating or perforating injuries. If these aggravating circumstances are absent, there is no imminent risk, the situation is not immediately serious and there is no urgent need of extraction.

The facts are unknown to the patient and his or family who usually demand immediate treatment; the doctor should inform them calmly and truthfully of the significance of the incident, enabling him to avoid precipitate action. Not infrequently, attempts to remove a foreign body immediately result in surgical (iatrogenic) tissue damage much worse than that cause by the foreign body, and this can lead to a uncontrollable outbreak of infection which might not have occurred without the surgeon's intrusive action.

Indications for the removal of a foreign body

In the absence of secondary complications, such indications include:



- . Persistent, insurmountable and unbearable pain (due to nerve damage, for example);
- . Foreign body made of a poorly tolerated material such as wood, thorn or fish-bone, for example;
- . Insurmountable anxiety on the part of patients or family members;
- . Forensic demand, provided that this does not involve a risk of incapacity, complications or threat to the patient's life.

Indications requiring extraction of a foreign body

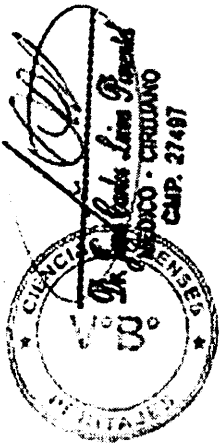
There are circumstances which involve obligatory and, sometimes, urgent action. This depends on the location of the foreign body, its nature or the particular circumstances of the patient.

Specific locations:

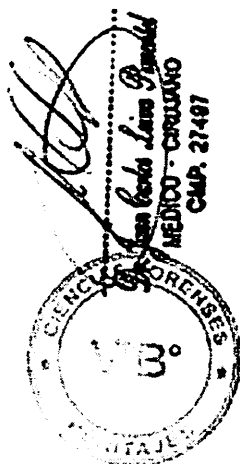
- . Eyes: as fragments of metal, stone and glass. A foreign body in the eye requires urgent removal, and this must obviously be done by a specialist (metal particles, for example);
- . Intra-thoracic, intra-abdominal, intra-cranial: according to the clinical circumstances characterizing the case. In general, indication of treatment is due not so much to the existence of the foreign body itself as to the complications generated: perforations of internal organs, haemorrhages, etc. The situation should be carefully evaluated in each particular case;
- . Intra-articular (bullets);
- . Close proximity to main arteries or nerves;
- . Impaired physiological functions: fingers, hands, feet;
- . Urgent demand of the patient or family members.

Removal of the foreign body in any of the the aforementioned circumstances should comply with the following procedures:

- . Inform the patient and all responsible family members that this is an important operation, depending on the size of the foreign body, its location and the apparent ease of its removal.



- . Never present its removal as a sure and certain fact. It would irremediably discredit the surgeon if he failed to remove the object and, what is worse, induce him to take the surgical procedure to dangerous limits in his desire to fulfil what was promised in an unthinking manner.
- . The surgeon should promise a reasonable surgical procedure, receive the patient's consent and refuse to operate if he considers this prudent.
- . The foreign body should be securely located if it is radio-opaque. Dual-plane radiography, conventional tomograms and CAT are techniques that assist with this judgement.
- . Hospitalize the patient. Never operate in an out-patients' department, as it may not always be possible to anticipate the extent of what needs to be done.
- . General anaesthesia.
- . Restrict the blood supply with a compression cuff, where necessary.
- . Operating theatre: the surgeon is entitled to operate on patients of this type if he does not have access to a properly equipped operating theatre. Undertaking such interventions in minor-surgery clinics, which are cramped, poorly lit and do not have the required levels of antisepsis, is a sure route to disaster.
- . Excellent lighting.
- . Very good surgical team: at least two assistants, one to ensure sufficient separation and the other to provide good aspiration; do not use compresses to absorb haemorrhaging in the operated area.
- . Sufficient time to operate: do not agree to short operating slots which mean that the surgeon is unable to work in the relaxed manner required. It is preferable to postpone the operation if there is insufficient time.
- . Never use radioscopy devices. The use of portable radioscopy equipment is prohibited, including devices of low amperage and an image amplifier. If such equipment must be used, request intra-operative X-rays.
- . Operate calmly and tranquilly, do not become anxious if the foreign body is not located quickly and easily.



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. It is better to halt the operation than to carry on working under pressure and in anxiety. In such conditions any accident may happen.

. If, after reasonable and properly executed attempts, the operation is going on for so long that the patient is put at risk, if a dangerous surgical area is being entered and if, lastly, the surgeon is tired or exasperated, it is better to abandon the attempt to remove the foreign body. It is preferable to halt the operation and, if necessary, to repeat the attempt on another occasion, having re-examined the case or using a different approach.

. If the foreign body to be extracted is a projectile, keep it in a sealed envelope bearing the patient's name, the date of the operation and the names of the surgeon and team. Hand it to the hospital's management. It may be of unsuspected forensic value.

FOREIGN BODIES - WHAT IS A FOREIGN BODY?

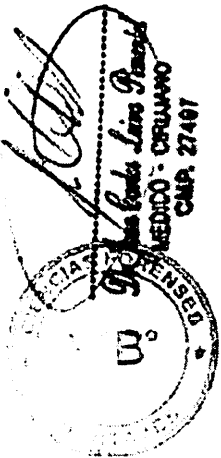
An object which accidentally penetrates the human body via the natural orifices or after injuries of various kinds. It may cause problems of lesser or greater seriousness, ranging from a simple local reaction to considerably more serious and occasional lethal phenomena.

WHICH ARE COMMONEST POINTS OF INGRESS?

The commonest entry points for foreign bodies are the nose and mouth. If entering through the mouth, the foreign body may block:

- . the deepest airways: larynx, trachea and principal bronchia;
- . the digestive tract: oesophagus, stomach, large and small intestine.

Other entry routes for foreign bodies are: the auditory canal, the conjunctival sac, the cornea, anus and vagina.



BIBLIOGRAPHY:

- 1- García Rodríguez MR, Crusat Braña S. Foreign Bodies in the Ear, Nose and Throat. In: Cabrera Solé R, Peñalver Pardines C, eds. Emergencies in Diagnostic Medicine and Treatment. Madrid: Aula Médica, 1997:213-218.
- 2- Lisa Catón V, Marco Aguilar P, Millán Revuelta E, Ochoa Prieto J. Foreign Bodies in the Eye. Medical Emergency Protocol (II). FMC 1996; 3 Supl 2: 26-27.
- 3- Monroy Salamanca E, Escuder i Pérez J, Capellá i Munar G, Jover i Biosca J, León González C. Oesophageal perforation. Foreign bodies in the oesophagus and upper airways. In: Lloret J. Muñoz J, eds. Emergency service therapeutic protocols. Hospital de la Santa Cruz y San Pablo. Barcelona: Glaxo. 1992; 505-509

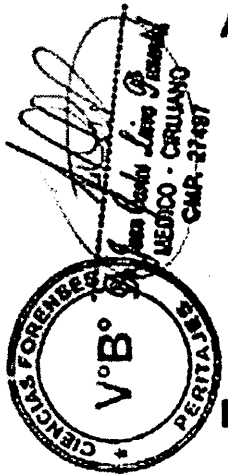
II. SPECIALIST EXAMINATION:

GENERAL

From a doctrinarian perspective, it should be emphasized that the study of human medicine in general and forensics in particular requires an understanding in the present case of the aetiology of injuries (forensic lesionology) and its consequences, physiology, physiopathology, differential diagnosis, diagnostic criterion and treatment.

THE EXAMINATION

The patient John Murdo NICHOLSON, of British nationality, 63 years of age, reports pain, irritation and discomfort for approximately the past 10 years, increasing in recent years due to the presence of foreign bodies in both thighs, the inguinal region and scrotum (right), causing an ongoing deterioration of his state of health and significantly affecting his quality of life. Some results of the medical procedures undergone by the patient should be mentioned.

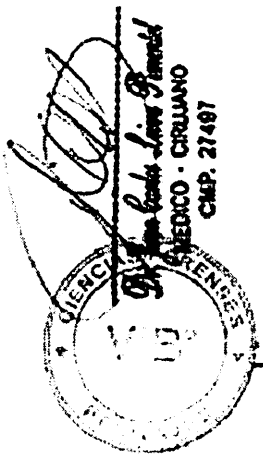


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- Report of the Thoraco-Brachial Angiogram (right side) using multi-section axial tomography (Angio Tom) of 30-9-2011, carried out at RESOMASA, which states:
 “Incidentally, an area of higher density is identified in the subcutaneous surface, located in the anterior view of the right axillary region, captured faintly by the contrasting medium, of non-specific aetiology. The image should be amplified by means of an echogram for better characterisation”. Signed Dr. Yui López Centeno CMP. 32451.
- Report of the Echogram of the upper extremity, carried out at Quirós Sonar Diagnostico, Clínica Ricardo Palma, on 5-10-2011, with the following findings: “on the anterior surface of the scapular belt we note the bulk of the subscapular muscle to be thickened inhomogenously, with echogenic images of calcic appearance and alteration of the fibrillar pattern”.
- Radiology report (X-ray of F. Thorax) at the Clínica Montefiori on 11-10-2011, stating: “in the right subclavicular region there is a small image of irregular shape”. Signed: Dr. Robert Aliaga Gastelumendi CMP.25293
- Medical report of the Clínica Naranjal Los Olivos of 15-11-2011, indicating that there were surgical interventions on three occasions: on 25-10-2011, 7-11-2011 and 14-11-2011, with the diagnosis: Vascular calcifications in the spermatic cord, left inguinal duct and anal canal.
 With the following surgical findings:
 25-10-2011: exploration of the spermatic cord (left) + resection of vascular calcification.
 7-11-2011: exploration of the inguinal area (left) + resection of a calcified cyst in the spermatic cord (left).
 14-11-2011: exploration of the anal canal + resection of 2 tumours measuring 0.5 cm. Signed: Dr. Jorge Espinoza Solís CMP.35763
- Medical report the Clínica Santa Lucia SAC: “Patient underwent a surgical operation in our out-patients’ department



on 10-4-2012, showing symptoms of fibrosis of the inner surface of both thighs. D/C foreign bodies”.

Signed: Dr. Neiser Gonzaga Jaramillo CMP.255363.

- Pathology report issued by Dr. Gustavo CERRILLO SANCHEZ, HISTOPATHOLOGY EXAMINATION no. 13-C-10445, receiving tissue from the right thigh measuring 1.2 x 0.9 x 0.8 cm in the form of a lozenge-shaped piece of skin. With the diagnosis:

SKIN OF THE THIGH SHOWING CHRONIC GRANULOMATOUS INFLAMMATORY REACTION - FOREIGN BODY - SILICONE.

NO EVIDENCE OF A NEOPLASM IN THE SAMPLE SENT.

III. CONCLUSION:

According to the findings described in the medical reports reviewed, in particular the report issued by the “SANTA LUCIA” Clinic, study of the images taken and of the ectoscopic examination undergone by the patient John Murdo NICHOLSON (63), of British nationality, indicates that his clinical situation is consistent, *inter alia*, with an aetiology characteristic of foreign bodies, the commonest being metal particles, tantalum, silicon, among other inorganic substances, which were removed from his body in two operations and which were apparently the cause of the constant pain in parts of his body and of the deterioration in his quality of life mentioned above.

IV. ATTACHMENTS:

We attach hereunto photocopies of the medical report, radiology report, images and illustrative photos.

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Dr Juan Carlos Leiva Pimentel /Signature/

PHYSICIAN - SURGEON

PMA 27497

FORENSIC EXPERT



Lima, 26 de Marzo del 2013

Dr. Juan Carlos Leiva Pimentel
MEDICO - CIRUJANO
CMP. 27497

PERITO MEDICO FORENSE



CLINICA SANTA LUCIA S.A.C.

Av. Guardia Civil 301 - San Borja

Tel.: 475-2402 / 475-4430

Fax: 476-3961

MEDICAL REPORT

Patient: JHON NICHOLSON
Company:

Cia Code:
HC No.:
Reg. No.:
Age: 63 years
Date:

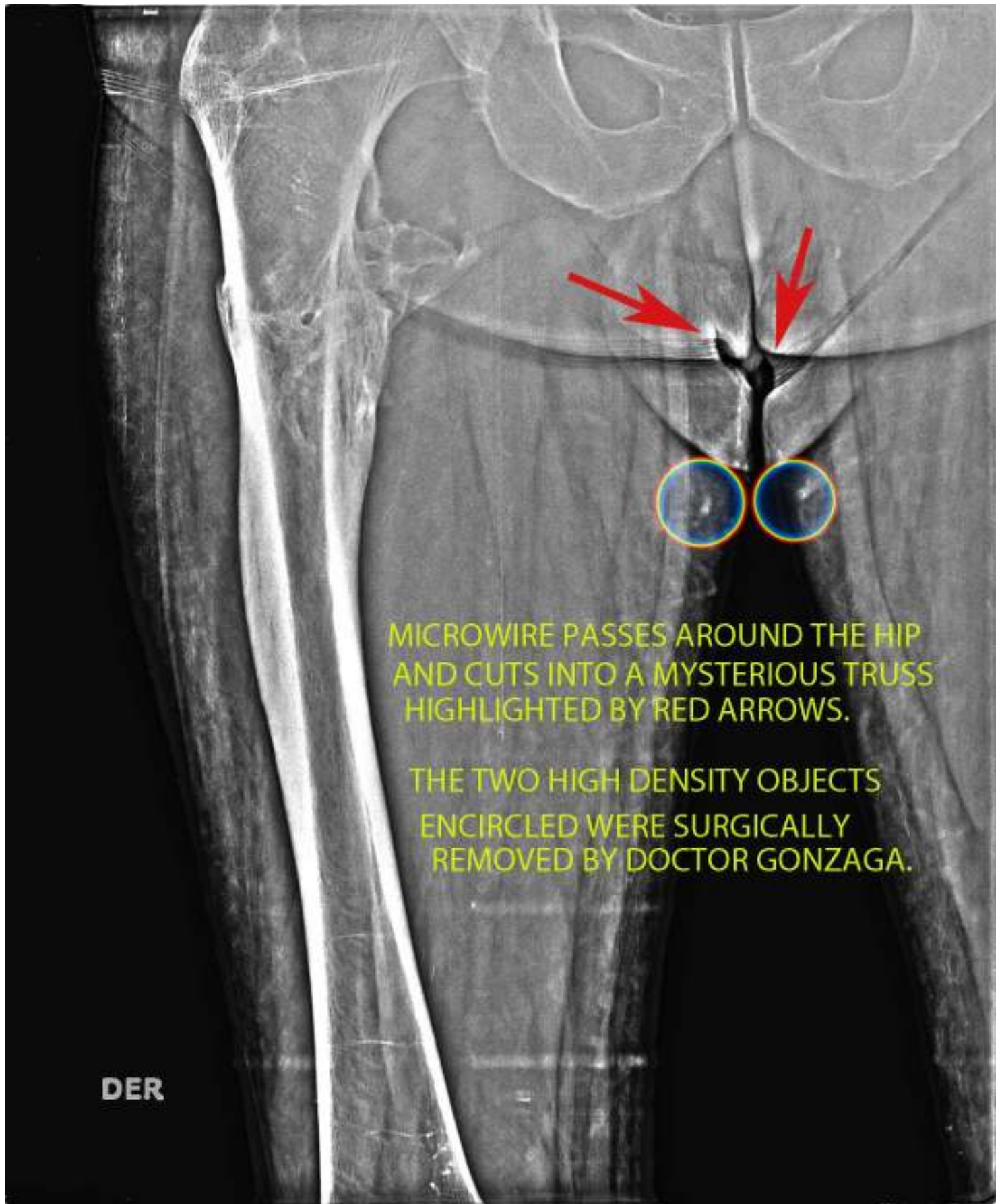
1. The patient underwent surgery on an outpatient basis on 10 April 2012 due to presenting with the symptoms of Fibrosis on the inside part of both thighs, D/C foreign bodies.
2. The operation performed was Exeresis of Fibrotic Tissue on both Thighs.
3. His intra-surgery and post-surgery state was favourable, and he was discharged on the same day.
4. This report is issued at the request of the interested party.

[Signature]
CIP 255363
NEISER GONZAGA JARAMILLO
CRNL MED PNP
HEAD OF UROLOGY SERVICES
"AUGUSTO LEGUL" HOSPITAL

Name of Doctor

CIP. 255363
CMP





MICROWIRE PASSES AROUND THE HIP
AND CUTS INTO A MYSTERIOUS TRUSS
HIGHLIGHTED BY RED ARROWS.

THE TWO HIGH DENSITY OBJECTS
ENCIRCLED WERE SURGICALLY
REMOVED BY DOCTOR GONZAGA.

DER



NICHOLSON
35683-12-06-13-1

SP 6.12P PEQ
3.5cm / 19Hz

MI 0.9
TIs 0.1

CIMEDIC: IMAGENES MEDICAS

13.06.2012 07:41:29 AM

Peq Partes
12.00 - 3.00
Pot 88 %
4Gn 3
C7 / M5
P3 / E1



COLECCION T DERECHA

OBJECT DETECTED IN RIGHT TESTICLE

1	D1	2.09cm
2	D2	1.71cm
3	D3	1.70cm
		Vol 3.18cm ³

D'FARROS MEDICAL CENTRE

Av. Las Palmeras no. 5235 – T.: 4002521 – 985044516 – jcfs1807@yahoo.es

D'FARROS MEDICAL CENTRE

MEDICAL REPORT

NAME: JOHN NICHOLSON
SEX: MALE
AGE: 64 YEARS
PRESUMPTIVE DIAGNOSIS: D/C MN
DATE AND TIME OF ADMISSION: 11th MARCH 2013 at 16:30

ANAMNESIS: REPORTS THE PRESENCE OF A SMALL LUMP ON THE ANTERIOR SURFACE OF THE RIGHT THIGH

PHYSICAL EXAMINATION: BP: 140/90 mmHg CF: 69 X' RF: 9 X' T: 37 °C

SKIN: SWELLING AND SLIGHT HARDENING, 0.6 X 0.5 CM, ON THE SKIN OF THE RIGHT THIGH

CV: CR 1 AND 2 RHYTHMIC, NO MURMUR. LUNGS: RN GOOD IN BOTH PULMONARY FIELDS. ABDOMEN: SOFT, DEPRESSIBLE, RHA(+). NEUROLOGICAL: LUCID, SPATIALLY AND TEMPORALLY AWARE.

DIAGNOSIS: SMALL TUMOUR ON THE ANTERIOR SURFACE OF THE RIGHT THIGH

TREATMENT: BIOPSY OF THE SKIN OF THE RIGHT THIGH. ANTIBIOTICS – PROPHYLACTIC THERAPY

ANATOMICAL SAMPLE HANDED TO PATIENT FOR OWN ASSESSMENT

CONDITION: DISCHARGE

This is my report for other persons involved.

/Signature/

*/Dr José Farro Sánchez
SURGEON, PMA: 37711
INTEGRAL MEDICINE – NRS /illegible/
ULTRASOUND TECHNICIAN/*

D'FARROS MEDICAL CENTRE

D'FARROS MEDICAL CENTRE

HC no.: 0023CE

Date and time: 11th March 2013, 16:30

CLINICAL RECORD

FULL NAME: JOHN NICHOLSON

PASSPORT no.: 540088895 – Address: Calle Shell 237, Ap. 701 – T.: 996588188

BP: 140/90 mmHg - CF: 69 X' - T: 37 °C - RF: 19 X' – Weight: 76 kg – Height: 1.75 m

Accompanied

Background: NO ALLERGIES

Present condition: REPORTS THE PRESENCE OF A SMALL LUMP ON THE ANTERIOR SURFACE OF THE RIGHT THIGH

PHYSICAL EXAMINATION: Lucid, in apparent general good condition, well nourished, well hydrated

SKIN: SWELLING AND SLIGHT HARDENING, 0.6 X 0.5 CM, ON THE SKIN OF THE RIGHT THIGH

CV: CR 1 AND 2 RHYTHMIC, NO MURMUR. LUNGS: RN GOOD IN BOTH PULMONARY FIELDS.

ABDOMEN: SOFT, DEPRESSIBLE, RHA(+). NEUROLOGICAL: LUCID, SPATIALLY AND TEMPORALLY AWARE.

Secondary examinations:

DIAGNOSIS: SMALL TUMOUR ON THE ANTERIOR SURFACE OF THE RIGHT THIGH

TREATMENT: BIOPSY OF THE SKIN OF THE RIGHT THIGH. ANTIBIOTICS – PROPHYLACTIC THERAPY

ANATOMICAL SAMPLE HANDED TO PATIENT FOR OWN ASSESSMENT

Next appointment: 19th March 2013

Treating physician: Dr José Farro Sánchez – Reg. no.: 37711

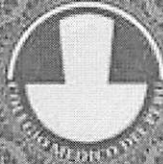
/Signature/

/Dr José Farro Sánchez

SURGEON, PMA: 37711

INTEGRAL MEDICINE – NRS /illegible/

ULTRASOUND TECHNICIAN/



COLEGIO MÉDICO DEL PERÚ
CONSEJO NACIONAL

CERTIFICADO MÉDICO

El que suscribe, Médico Cirujano CMP N° 37711

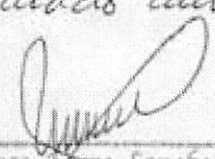
Certifica: Haber atendido al Sr. John Nicholson (64), quien al momento del examen presenta un granuloma con ligero endurecimiento de 0,6 x 0,5 cm, localizado en piel de muslo derecho, Realizándose una biopsia e indicando tratamiento antibiótico.

Se solicita pieza anatómica a pete. para evaluación particular.

Se extiende el presente a solicitud del interesado a fin de ser presentado ante quien correspondiera.

11 Marzo 2013

Fecha:


Dr. Jose Marco Sanchez
MÉDICO CIRUJANO - CMP 37711
MEDICINA INTEGRAL. MRE 01
BIOGRAFIETA

N° 5584962



PERUVIAN MEDICAL ASSOCIATION
NATIONAL COUNCIL

MEDICAL CERTIFICATE

The undersigned surgeon, reg. no. 37711,

Certifies: that I have attended to Mr John Nicholson (67) who, at the time of the examination, had a swelling with slight hardening, 0.6 x 0.5 cm, on the skin of his right thigh. A biopsy was taken and treatment with antibiotics prescribed.

Anatomical sample handed to patient for own assessment.

This report is issued at the request of the interested person for presentation to whomever it may concern.

11th March 2013

Date:

/Signature/

*/Dr José Farro Sánchez
SURGEON, PMA: 37711
INTEGRAL MEDICINE – NRS /illegible/
ULTRASOUND TECHNICIAN/*

No. 5584962

10 NUEVOS SOLES

[LOGO: CLINICA MONTEFIORI]
EXAMINATION ORDER No: 94802

[LOGO: PRONTO IMAGEN]

Date: 11-10-2011 11:46
Patient: 0000000 – JHON
Doctor: ALIAGA GASTELUMENDI
Observations: CONSULTATION PX 74773

Preliminary invoice: 295440
Consultation No. 0

REPORT

X-RAY THORAX F:

- Well-ventilated lung fields without signs of nodular lesions or suspicious interstitial areas.
- Normal broncho-vascular tissue.
- Normal cardio-thoracic index. Mediastinum not widened.
- Clear costophrenic sinuses
- In the right subclavicular region there appears a small image of irregular shape.
- CONCLUSION
- The transparency of the lung fields is maintained.

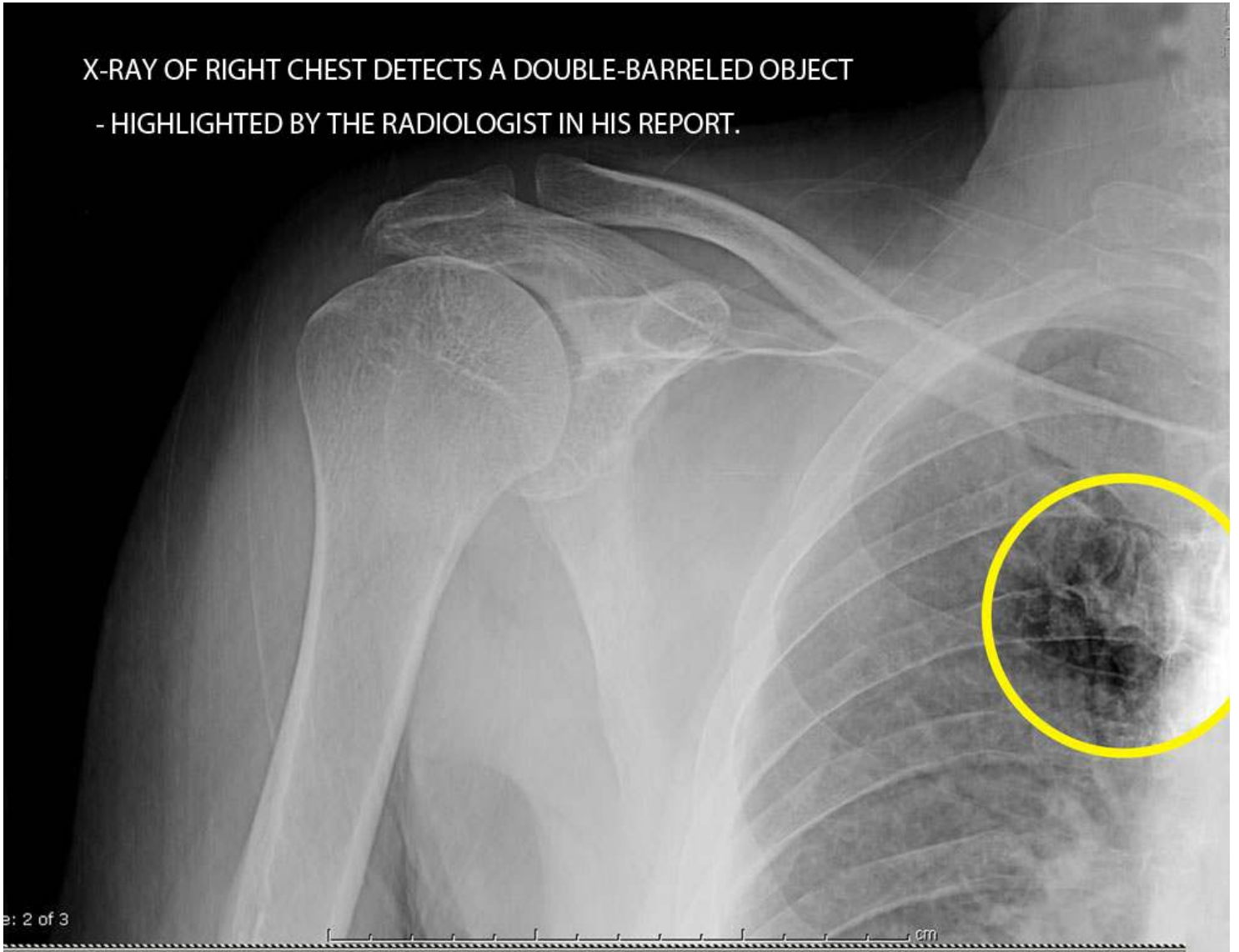
11/10/11
LC/rg

[initials]
Dr Ribert Aliaga Gastelumendi
Radiology Physician
CMP 25293

Av. Separadora Industrial 380
Urb. Los Cactus/La Molina
T: 437-5151/437-5252
F: 437-0900
www.clinicamontefiori.com.pe
prntoimagenes@montefiori.com.pe

THE HEALTH OF YOURSELF AND YOUR FAMILY COMES FIRST

X-RAY OF RIGHT CHEST DETECTS A DOUBLE-BARRELED OBJECT
- HIGHLIGHTED BY THE RADIOLOGIST IN HIS REPORT.



Sensation Cardiac

Ex: 8

Topograma 1.0 T20s

Se: 1/12

Im: 1/1

Cor: A171.0 (COI)

H

RESOMASA

NICHOLSON JHON MURDO

1948 Jun 01 M 00241562

Acc: 38044

2011 Sep 30

Acq Tm: 12:41:03.469076

Mag: 1.4x

512 x 512

T20s

R_A

L_P

SCOUT SCAN

DETECTS CAPSULE

SHAPED OBJECTS

120.0 kV

50.0 mA

Tilt: 0.0

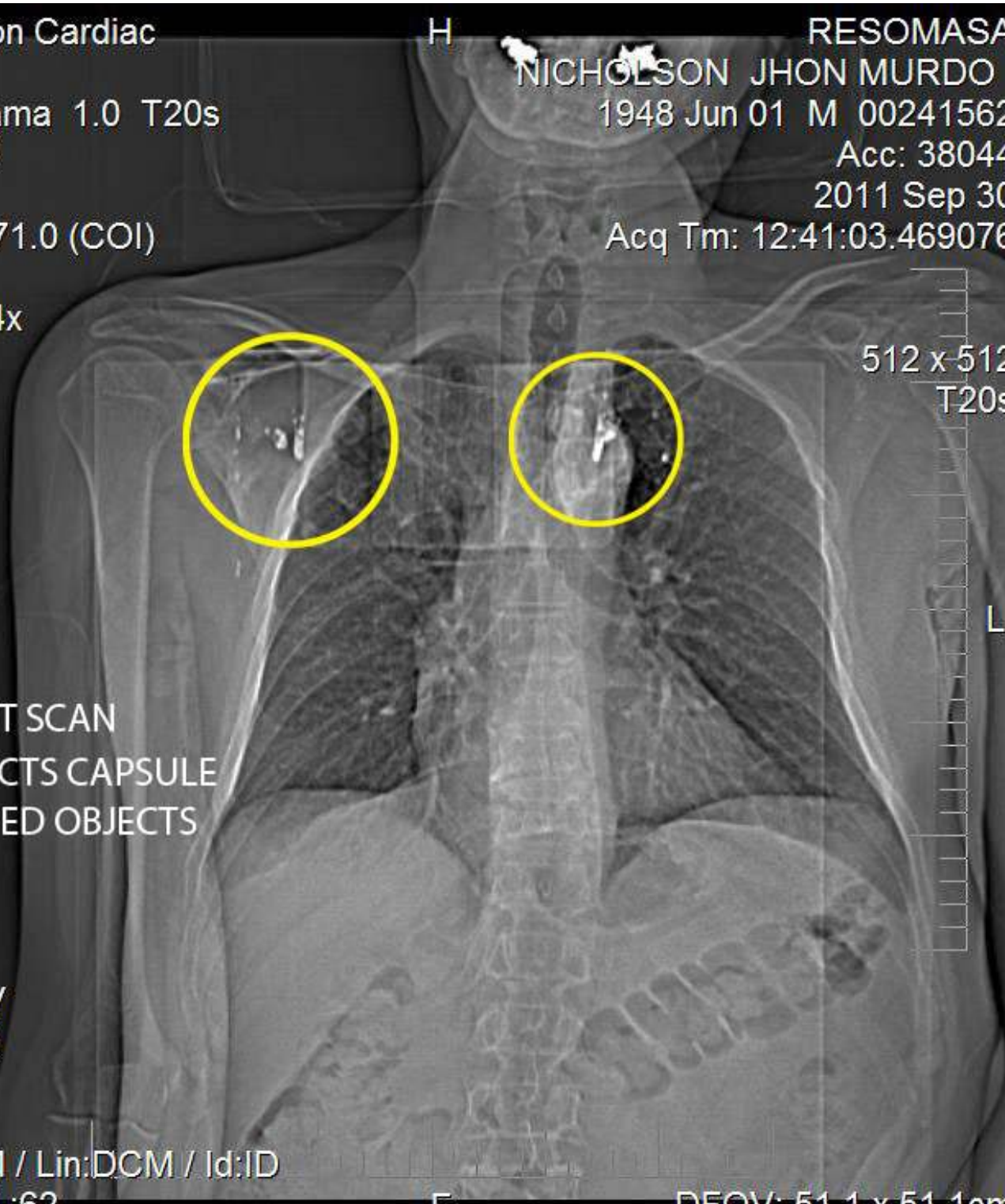
5.3 s

Lin:DCM / Lin:DCM / Id:ID

W:362 L:62

F

DFOV: 51.1 x 51.1cm



GUSTAVO CERRILLO SANCHEZ
Psje. Hernán Velarde 231
T.: 4337741 - 999221704
gacerrillos@yahoo.com

PATHOLOGICAL/ANATOMICAL EXAMINATION

NAME : John Nicholson (64).
SAMPLE : Cutaneous biopsy from thigh
PRESUMPTIVE DIAGNOSIS : D/C malignant neoplasm
DATE OF RECEPTION : 12 March 2013
DATE OF SUBMISSION : 14 March 2013

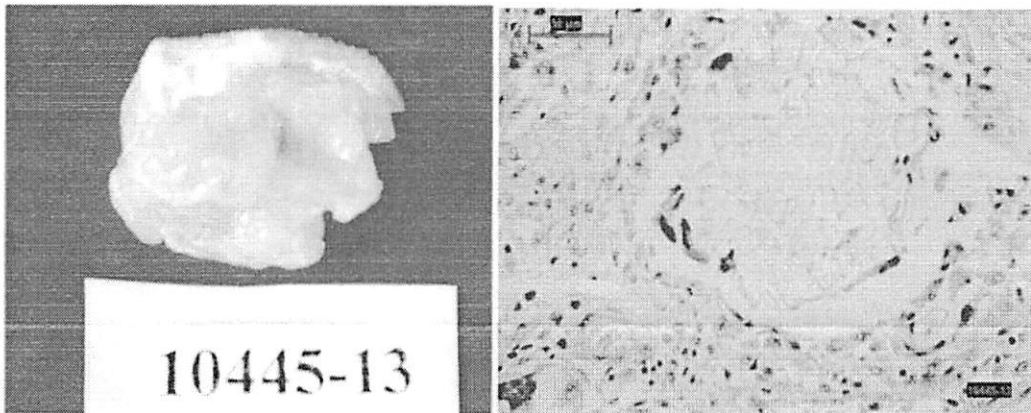
HISTOPATHOLOGY EXAMINATION No. 13-C-10445

MACROSCOPIC:

Received, taken from the right thigh: a lozenge-shaped cutaneous sample measuring 1.2 x 0.9 x 0.8 cm. Colour: yellowish-grey.

MICROSCOPIC:

The sections taken indicate well-distributed adipocytes, connective tissue in place, chronic granulomatous inflammatory reaction, foreign-body type, includes refringent material in the deep dermis, morphologically consistent with silicone. Congestive vessels, well distributed. Epidermic component present and well distributed. No histological evidence of malignancy.



DIAGNOSIS:

- SKIN OF THIGH SHOWING A CHRONIC GRANULOMATOUS INFLAMMATORY REACTION, FOREIGN-BODY TYPE, CONSISTENT WITH SILICONE.
- NO EVIDENCE OF A NEOPLASM IN THE SAMPLE SENT.

Dr Gustavo Cerrillo S. (PMA.: 21422. NRS: 21635)