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DIPLOMATS, AMERICAN BOARD OF FAMILY PRACTICE

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EMERITUS FELLOW, AMERICAN COLLEGE OF CARDIOLOGY
EMERITUS FELLOW, NEW YORK CARDIOLOGICAL ASSOCIATION
FELLOW, COUNCIL ON ARTERIOSCLEROSIS OF THE AMERICAN HEART ASSOCIATION

March 26, 2005

Mr. Ron Tesoriero, and Mr. Mike Willesee
Post Office Box 1032
Gosford NSW 2250
Australia

Dear Sirs,

On April 20, 2004, Mike Willesee and Ron Tesoriero of Australia attended my office in New York and sought my advice on my interpretation of certain materials fixed on a microscopic slide. The microscopic slide was identified on the label as "99-441 Number 1-2, Delta Pathology Associates Stockton California..

At that meeting I studied the slides under the microscope and rendered my opinion to Mr. Willesee and Mr. Tesoriero which they video recorded. Prior to rendering my opinion, I was not informed of the history of the material and The following opinion was essentially given to them at that time.

The slides contain cardiac (heart) tissue that displays degenerative changes of the myocardial tissue (cardiac muscular tissue) with loss of striations of the muscle fibers, nuclear pyknosis, aggregates of mixed Inflammatory cells consisting of chronic inflammatory cells (macrophages) which are predominant and smaller numbers of acute inflammatory cells (white blood cells primarily polymorphonuclear leukocytes) which are admixed. The directionality of the myocardial fibers indicates that the site of these changes is relatively close to a valvular region in the ventricular area of the heart.

These degenerative changes are consistent with a recent heart attack (myocardial infarction of a few days duration) due to an obstruction of a coronary artery that supplies nutrients and oxygen to an area of heart muscle. This obstruction may be the result of atherosclerosis (process of fatty plaque buildup), or a coronary thrombosis (obstruction of the coronary artery by a blood clot), or a severe blow to the chest over the heart.

I trust this information will assist you.

Sincerely,

A handwritten signature in black ink, appearing to read "Frederick T. Zugibè". The signature is written in a cursive style with large, sweeping loops and a prominent initial "F".

Frederick T. Zugibè, M.D., Ph.D.

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FELLOW. COUNCIL ON ARTERIOSCLEROSIS OF THE AMERICAN HEART

March 15, 2005

To Whom it May Concern:

On April 20, 2004, Mike Willesee and Ron Tesoriero of Australia attended my office in New York and sought my advice on the interpretation of certain materials fixed on a microscopic slide . The microscopic slide was identified on the label as "99-441 Number1-2, Delta Pathology Associates Stockton California..

At that meeting I studied the slides under the microscope and rendered my opinion to Mr Willesee and Mr Tesoriero which they video recorded. Prior to rendering my opinion, I was not given any information as to the history of the material.

I rendered the following opinion at that time.

The slide consists of cardiac (heart) tissue that displays degenerative changes of the myocardial tissue (cardiac muscular tissue) with loss of striations, nuclear pyknosis, aggregates of mixed Inflammatory cells consisting of aggregates of chronic inflammatory cells (macrophages) which are the predominant cells admixed with smaller numbers of acute inflammatory cells (white blood cells primarily polymorphonuclear leukocytes. The directionality of the myocardial fibers indicates that the site of these changes is relatively close to a valvular region in the ventricular area of the heart.

These degenerative changes are consistent with a recent myocardial infarction of a few days duration due to an obstruction of a coronary artery that supplies nutrients and oxygen to an area of heart muscle. The above type changes suggests that the individual had a heart attack a few days prior to death due to obstruction of a coronary artery due to atherosclerosis (a process of fatty plaque buildup in the coronary artery), or due to a coronary thrombosis (clot formation within a coronary artery) the latter either caused by the atherosclerosis process or to injury to the chest wall causing injury to the coronary arteries that supply oxygen and nutrients to the heart muscle). The dating of the injury is derived from the finding a predominance of chronic inflammatory cells, degenerative changes of the myocardium with loss of striations, pyknosis of the nuclei, etc.

When I was later told that the heart tissue was kept in tap water for about a month and transferred to sterile, distilled water for three years, I indicated that it would be impossible to see white blood cells or macrophages in the sample. Moreover, it would be impossible to identify the tissue. *per se* as there would be no morphological characteristics.

If you have any further questions regarding this case, please feel free to contact me.

With kindest regards, I am

Sincerely,

Frederick T. Zugibe, M.D., Ph.D.