

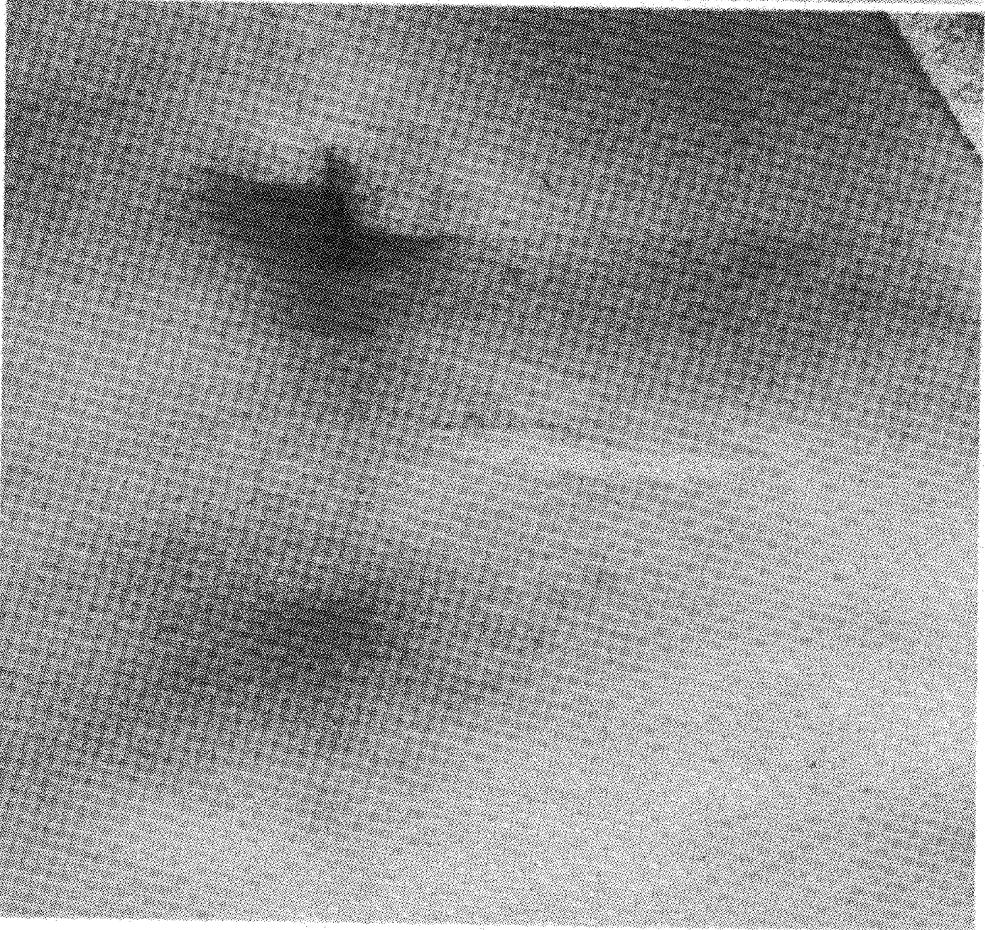
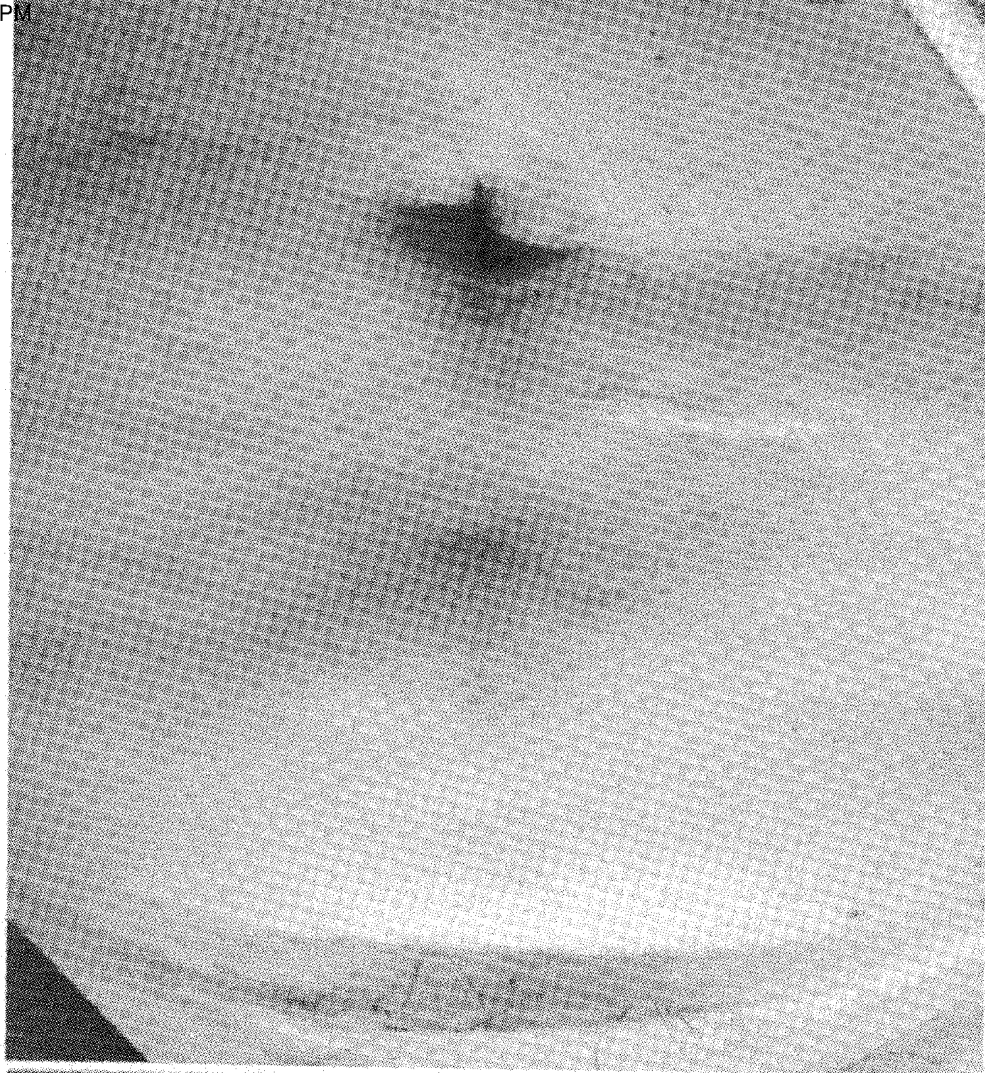
RECEIVED

11/22/2022

EXHIBIT 1



EXHIBIT 2



這兒
打針
的地方
已經變色

EXHIBIT 3

MR: 2256001

F 198115703



LIU, YU FEN

DOB: 04/28/1963

DOS: 11/24/2019



EXHIBIT 4

Health Records Report

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	198115703
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	11/24/2019 10:25	Atn Dr:	Weinstock, Jonathan MD
Nurs Sta:		Rm & Bed:	
Dx:	chest pain, unspecified		
Alrg:	No Known Food Allergies, Penicillins		

Lab Results

All Body Fluids

SubDisplay Group: BF-Urinalysis

Name	Reference Range	11/24/19 14:28
U Color		Straw
Status		Final
U Appearance		Clear
Status		Final
U Glucose	Negative mg/dL	Negative
Status		Final
U Bilirubin	Negative	Negative
Status		Final
Ketones	Negative mg/dL	Negative
Status		Final
Specific Gravity	1.001-1.035	1.010
Status		Final
U Blood	Negative	1+ *
Status		Final
U pH	5.0-8.0	7
Status		Final
U Protein	Negative mg/dL	Negative
Status		Final
U Urobilinig	0.2-1.0 EU	0.2
Status		Final
Nitrite Level	Negative	Negative
Status		Final
Leukocyte Es	Negative	1+ *
Status		Final
Red Blood Cells	0-5 /hpf	1
Status		Final
White Blood Cells	0-5 /hpf	4
Status		Final

Pt Name: LIU, YU FEN
 Rm/ Bed:

MRN: 2870892
 Page 11 of 30

Health Records Rep

Health Records Report

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	198115703
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	11/24/2019 10:25	Atn Dr:	Weinstock, Jonathan MD
Nurs Sta:		Rm & Bed:	
Dx:	chest pain, unspecified		
Alrg:	No Known Food Allergies, Penicillins		

All: Body Fluids

SubDisplay Group: BF-Urinalysis

Name	Reference Range	11/24/19 14:28
Squamous Epithelial Cells	/hpf	Few
Status		Final
Mucous		Present *
Status		Final

All: Chemistry

SubDisplay Group: Chem-Panels

Name	Reference Range	11/24/19 11:03
Glucose	70 - 139 mg/dL	106 (1)
Status		Final
Blood Urea Nitrogen	6 - 24 mg/dL	15
Status		Final
Creatinine (CR)	0.57 - 1.30 mg/dL	0.76
Status		Final
GFR, Non-African American	>60 mL/min/1.73m ²	87 (1)
Status		Final

(1) This test represents a non-fasting/random measurement of blood glucose levels. There is no established reference interval.

(1) The CKD-EPI estimation of GFR assumes stable kidney function. It is not an accurate measure of GFR in acute renal failure. All estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as the frail elderly, critically ill, or cancer patients or conversely body builders) or those with unusual diets. Confirmatory tests with measured creatinine clearance should be performed for people in whom the estimates may be inaccurate.

GFR, African American	>60 mL/min/1.73m ²	101 (1)
Status		Final

Pt Name: LIU, YU FEN
 Rm/ Bed:

MRN: 2870892
 Page 12 of 30

Health Records Report

ORE_0107.rpt v2.0

Health Records Report

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	198115703
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	11/24/2019 10:25	Atn Dr:	Weinstock, Jonathan MD
Nurs Sta:		Rm & Bed:	
Dx:	chest pain, unspecified		
Alrg:	No Known Food Allergies, Penicillins		

All: Chemistry

SubDisplay Group: Chem-Panels

Name	Reference Range	11/24/19
		11:03

(1) The CKD-EPI estimation of GFR assumes stable kidney function. It is not an accurate measure of GFR in acute renal failure. All estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as the frail elderly, critically ill, or cancer patients or conversely body builders) or those with unusual diets. Confirmatory tests with measured creatinine clearance should be performed for people in whom the estimates may be inaccurate.

Sodium (NA)	135 - 145 mEq/L	140
Status		Final

Potassium (K)	3.6 - 5.1 mEq/L	3.7
Status		Final

Chloride (CL)	98 - 110 mEq/L	106
Status		Final

CO2	20 - 30 mEq/L	25
Status		Final

Anion Gap	3 - 14	9 (1)
Status		Final

(1) This calculation does not factor in potassium.

Aspartate Aminotransferase (AST/SGOT)	10 - 42 IU/L	18
Status		Final

Alkaline Phosphatase (ALK)	40 - 130 IU/L	71
Status		Final

Alanine Aminotransferase (ALT/SGPT)	0 - 54 IU/L	20
Status		Final

Bilirubin, Total	0.2 - 1.1 mg/dL	0.7
Status		Final

Bilirubin, Direct	0.0 - 0.5 mg/dL	0.3
Status		Final

Pt Name: LIU, YU FEN
 Rm/ Bed:

MRN: 2870892
 Page 13 of 30

Health Records Rep

ORE_0107.rpt v2.1

Health Records Report

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	198115703
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	11/24/2019 10:25	Atn Dr:	Weinstock, Jonathan MD
Nurs Sta:		Rm & Bed:	
Dx:	chest pain, unspecified		
Alrg:	No Known Food Allergies, Penicillins		

All: Chemistry

SubDisplay Group: Chem-Other

Name	Reference Range	11/24/19 14:33	11/24/19 11:03
Protein, Total	6.0 - 8.3 g/dL		7.7
Status			Final
Albumin	3.4 - 4.8 g/dL		4.5
Status			Final
Lipase	8 - 60 IU/L		40
Status			Final
B-Hydroxybutyrate So	0.00 - 0.27 mmol/L	0.16 (1)	
Status		Final	

(1) This test for ketone bodies measures serum beta-hydroxybutyrate, not acetoacetate or acetone. Beta-hydroxybutyrate is the predominant ketone body in almost all clinical contexts. It is not appropriate for evaluation of suspected isopropanol ingestion.

All: Chemistry

SubDisplay Group: Chem-Enz-Frac

Name	Reference Range	11/24/19 20:24	11/24/19 14:29	11/24/19 11:03
Troponin I	0.00 - 0.03 ng/mL	<0.01	<0.01	<0.01
Status		Final	Final	Final

All: Coag

SubDisplay Group: Coagulation

Name	Reference Range	11/24/19 11:03
Prothrombin Time	9.7 - 14.0 sec	13.2
Status		Final
INR Pt	0.9 - 1.3	1.1
Status		Final
PTT	25.7 - 35.7 sec	26.7
Status		Final
D Dimer Sensitive	0 - 243 ng/mL(DDU)	942 H (1)
Status		Final

Pt Name: LIU, YU FEN
 Rm/ Bed:

MRN: 2870892
 Page 14 of 30

Health Records Report

ORE_0107.rpt v2.0

Health Records Report

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	198115703
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	11/24/2019 10:25	Atn Dr:	Weinstock, Jonathan MD
Nurs Sta:		Rm & Bed:	
Dx:	chest pain, unspecified		
Alrg:	No Known Food Allergies, Penicillins		

All: Coag

SubDisplay Group: Coagulation

Name	Reference Range	11/24/19 11:03
(1) Patients <=50 years old: Patients with low to moderate pre-test probability of venous thromboembolism (VTE) and D-Dimer values of <230 ng/mL (DDU) have a negative predictive value of 95% for exclusion of VTE.		
- Patients >50 years old: While Tufts Medical Center did not validate age adjusted cut offs for D-Dimer, literature suggests using the following formula for patients >50 years of age: Age in years x 5 = calculated age adjusted cutoff in DDU. (Example #1 : Patient's age =70: 70 x 5= 350DDU; Example #2: Patient's age 80: 80x5 = 400 DDU (Goodwin AJ Annals of Internal Medicine December 2016)		

All: Coagulation

Name	Reference Range	11/24/19 11:03
Prothrombin Time	9.7 - 14.0 sec	13.2
Status		Final
INR Pt	0.9 - 1.3	1.1
Status		Final
PTT	25.7 - 35.7 sec	26.7
Status		Final
D Dimer Sensitive	0 - 243 ng/mL(DDU)	942 H (1)
Status		Final

Pt Name: LIU, YU FEN
 Rm/ Bed:

MRN: 2870892
 Page 15 of 30

Health Records Report

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	198115703
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	11/24/2019 10:25	Atn Dr:	Weinstock, Jonathan MD
Nurs Sta:		Rm & Bed:	
Dx:	chest pain, unspecified		
Alrg:	No Known Food Allergies, Penicillins		

All: Hematology

SubDisplay Group: Hem-Routine

Name	Reference Range	11/24/19 11:03
Status		Final
MPV	9.1 - 11.7 fL	10.5
Status		Final
Seg Neut	%	66
Status		Final
Lymph	%	26
Status		Final
Mono	%	7
Status		Final
Eosin	%	0
Status		Final
Baso	%	0
Status		Final
Immature Granulocyte	%	0
Status		Final
NRBC #	<0.0 K/uL	0.0
Status		Final
Neut #	1.5 - 7.5 K/uL	5.6
Status		Final
Lymph #	1.0 - 4.0 K/uL	2.2
Status		Final
Mono #	0.2 - 0.8 K/uL	0.6
Status		Final
Eosin #	0.0 - 0.5 K/uL	0.0
Status		Final
Baso #	0.0 - 0.2 K/uL	0.0
Status		Final
Immature Granulocyte#	0.0 - 0.1 K/uL	0.0
Status		Final

Pt Name: LIU, YU FEN
 Rm/ Bed:

MRN: 2870892
 Page 17 of 30

Health Records Rep
 ORE_0107.rpt v2.

Health Records Report

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	198115703
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	11/24/2019 10:25	Atn Dr:	Weinstock, Jonathan MD
Nurs Sta:		Rm & Bed:	
Dx:	chest pain, unspecified		
Alrg:	No Known Food Allergies, Penicillins		

All: Hematology

SubDisplay Group: Hem-Routine

Name	Reference Range	11/24/19
		11:03
Nucleated RBC	%	0
Status		Final

Health Records Report

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	198115703
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	11/24/2019 10:25	Atn Dr:	Weinstock, Jonathan MD
Nurs Sta:		Rm & Bed:	
Dx:	chest pain, unspecified		
Allrg:	No Known Food Allergies, Penicillins		

Text Results

ALL CT Scan :
CTA Chest W+WO Contrast (Angiogram)
Result Date: 11/24/2019 21:48

EXHIBIT 5



LAW OFFICES OF EDWARD HUNG
101 Arch St Fl 8
Boston MA 02110-7500

1

6185971
Dec 10 2021 1:06 PM
YU FEN LIU

MA1009
Dec 18 2021 1:40 PM

CONFIDENTIAL - MEDICAL RECORDS



This packet may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, please forward these records to the person(s) who handles medical records for your organization. Any misuse of this information is a violation of state and federal privacy laws and is strictly prohibited.





Invoice Number: 6185971
Date: 12/18/2021
Tax ID:

Bill To:
LAW OFFICES OF EDWARD HUNG
101 Arch St Fl 8
Boston, MA 02110-7500

Send Medical Records To:
LAW OFFICES OF EDWARD HUNG
101 Arch St Fl 8
Boston, MA 02110-7500

Due upon receipt

Patient Name	Reference	Record Type	Pages
YU FEN LIU		Medical	25

Provider:
Tufts Medical Center 800 Washington St #999 Boston, MA 02111-1552

Description	Quantity	Rate	Sub-Total
Pages 1-100	24.00	\$0.91	\$21.84
Processing	1.00	\$27.01	\$27.01
Sub-Total:			\$48.85
Delivery Fee:			\$1.84
Tax:			\$0.00
Payment/Credits:			\$0.00
Balance Due:			\$50.69

Pay Online at <https://payonline.hds.sharecare.com/>

We accept VISA, MasterCard, American Express, and Discover.
We DO NOT accept Flex Health Spending cards.

Please remit payment to:

Main Office:
Sharecare Health Data Services, LLC
8344 Clairemont Mesa Blvd. Suite 201
San Diego, CA 92111

(858) 244-1811
(858) 430-4962 Fax

Account Number: B-9F4-8A-811
Patient Name: YU FEN LIU
Invoice Number: 6185971
Payment Terms: Net 30
Balance Due: \$50.69



Tufts Medical Center

Law Offices of Edward Hung
101 Arch St 8th floor, Boston, MA
02110

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Mailing Address:
Health Information Management Department Phone: 617-636-6310
800 Washington Street, Box 999 Fax: 617-636-4822
Boston, MA 02111

Patient Name: Lin Yufen Last First MI

Address: 200 Swanton St, # L1 Street (include Apt #, if applicable)
Winchester City MA State 01890 Zip Code

Birth Date: 04/28/1963 Telephone #: 617-955-1188 MR#: _____

ALTERNATE ADDRESS: (Please indicate if the information is to be sent to a different address, that is other than the address listed above).
Law Offices of Edward Hung, 101 Arch St, 8th Flr
Street (include Apt #, if applicable)
Boston City MA State 02110 Zip Code

I hereby authorize Tufts Medical Center to release my protected health information to: Mail to: Hold for pickup by:

Name: Edward Hung
Address: Law Offices of Edward Hung, 101 Arch St, 8th Flr, Boston, MA 02110

PURPOSE OF DISCLOSURE (Please check one):

- Myself
- Inspection
- Changing physicians
- Consultation
- School
- Legal
- Other (specify): _____

INFORMATION TO BE RELEASED (Please be specific and enter dates of service and clinic names if known):

- Medical Record Abstract (e.g., ED, H&P, Operative Rpt, Discharge Summary Consults, Labs, X-rays, Pathology)
- Clinic Notes 11/24/19 and 11/25/19
- Consultation Reports 11/24/19 and 11/25/19
- Medication Records 11/24/19 and 11/25/19
- Other (specify content): _____
- Pathology Reports 11/24/19 and 11/25/19
- MRI Reports 11/24/19 and 11/25/19
- ED Record 11/24/19 and 11/25/19

PLEASE CHECK THE FORMAT YOU PREFER FOR RECEIVING YOUR MEDICAL RECORDS: PAPER ELECTRONIC
NOTE: Sending your medical records through email is not a secure method and may put your medical records and personal information at risk.

TO REQUEST THE RELEASE OF SPECIFICALLY PROTECTED OR PRIVILEGED INFORMATION, YOU MUST INITIAL BELOW:

- ____ HIV Test Results (PATIENT AUTHORIZATION REQUIRED FOR EACH RELEASE REQUEST)
- ____ Sexually Transmitted Disease (STDs)
- ____ Commonwealth of Massachusetts Sexual Assault
- ____ Evidence Collection Kit/Sexual Assault Counseling
- ____ Psychiatric Records or Information
- ____ Psychotherapy Notes (Notes recorded by a mental health professional documenting or analyzing the contents of a conversation, during a private counseling session or group, joint, family counseling, and that are separate from the medical record).
- ____ Alcohol and Drug Abuse Records Protected by Federal Confidentiality Rules 42 CFR Part 2.
- ____ Genetic Counseling
- ____ Domestic Violence
- ____ Social Work Counseling/Therapy
- ____ Professional services of a licensed psychologist

FEDERAL RULES PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION UNLESS DISCLOSURE IS EXPRESSLY PERMITTED BY WRITTEN AUTHORIZATION OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY 42 CFR PART 2.

I understand that I have the right to withdraw my authorization at any time except to the extent that action has been taken on reliance on this authorization. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Director of Health Information Management. I understand that authorizing the disclosure of this health information is voluntary, I can refuse to sign, and Tufts Medical Center will not condition my treatment, payment, health plan enrollment, or eligibility for benefits on my providing authorization for the requested use or disclosure. I understand that health information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient, and no longer protected by Federal Confidentiality regulations; however the recipient may be prohibited from disclosing substance abuse information. I understand that I may inspect or copy the information to be disclosed, for a reasonable charge.

If I fail to specify an expiration date or event, and unless otherwise revoked, this authorization will expire six months from the date of the signature listed below. I have carefully read and understand the above, have had any questions explained to my satisfaction, and do herein expressly and voluntarily authorize disclosure of the above information about, or medical records of my condition to those persons or agencies listed above.

Signature of Patient (18 years or older) Yufen Lin Date 11/07/2021
Signature of Legal Representative [Signature] Relationship to Patient: Attorney Date 11/16/21



TuftsMedCtr
 800 Washington St
 02111
 MA

6176365000

Pt. Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	210967430
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	03/17/2021	Atn Dr:	Ostrow, Peter MD
Nurs Sta:		Rm/Bed:	
Dx:			
Alrg:	No Known Food Allergies, Penicillins		

Chemistry

Chem-panels

Reference Interval 11/24/19
 11/03

Glucose: 70-139 mg/dL 108 (1)

(1) This test represents a non-fasting/random measurement of blood glucose levels. There is no established reference interval.

Blood Urea Nitrogen 6-24 mg/dL 15

Creatinine (CR) 0.67-1.30 mg/dL 0.75

GFR, Non-African American 900 mL/min/1.73m2 87 (1)

(1) The CKD-EPI estimation of GFR assesses renal kidney function. It is not an accurate measure of GFR in acute renal failure. All estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as the frail elderly, critically ill, or cancer patients or conversely body builders) or those with unusual diets. Confirmatory tests with measured creatinine clearance should be performed for people in whom the estimates may be inaccurate.

GFR, African American >60 mL/min/1.73m2 101 (1)

(1) The CKD-EPI estimation of GFR assesses renal kidney function. It is not an accurate measure of GFR in acute renal failure. All estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as the frail elderly, critically ill, or cancer patients or conversely body builders) or those with unusual diets. Confirmatory tests with measured creatinine clearance should be performed for people in whom the estimates may be inaccurate.

Sodium (NA) 135-145 mEq/L 140

Potassium (K) 3.8-5.1 mEq/L 3.7

Chloride (CL) 98-110 mEq/L 106

CO2 20-30 mEq/L 25

Pt Name: LIU, YU FEN MRN: 2870892

Rm/Bed: Page 1 of 8

© 2003-2021 Siemens Medical Solutions Health Services Corporation. All rights reserved.
 Crystal Reports © 1991-2021 Business Objects Software Limited. All rights reserved.

Laboratory Results Report
 ORE_0040_MODAL.rpt, Version: 1.00
 Printed By: Donnetta Williams
 Printed On: 10-Dec-21 07:25



5

TuftsMedCtr
 800 Washington St
 02111
 MA

6176365000

Pt. Name: LIU, YU FEN
 Pt ID: 2018016649
 DOB: 04/28/1963
 Adm DTime: 03/17/2021
 Nurs Sta:
 Dx:
 Allrg: No Known Food Allergies, Penicillins

MRN: 2870892
 Acct No: 210957430
 Age/Sex: 59Y/F
 Attn Dr: Ostrow, Peter MD
 Rm/Bed:

Chemistry

Chem-Panels

Reference Interval 11/24/19
 11-03

Anion Gap 3-14 9 (U)

(U) This calculation does not factor in triglyceride.

Chemistry

Chem-LFT

Reference Interval 11/24/19
 13-03

Aspartate Aminotransferase (AST/SGOT) 10-42 IU/L 16

Alkaline Phosphatase (ALP) 40-130 IU/L 71

Alanine Aminotransferase (ALT/SGPT) 0-34 IU/L 20

Bilirubin, Total 0.2-1.1 mg/dL 0.7

Bilirubin, Direct 0.0-0.5 mg/dL 0.3

Chemistry

Chem-Other

Reference Interval 11/24/19 11/24/19
 14-32 11-03

Protein, Total 6.0-8.3 g/dL 7.7

Albumin 3.4-4.5 g/dL 4.0

Urease 8-50 IU/L 40

B-Hydroxybutyrate Sp 0.09-0.27 mmol/L 0.16 (31)

Pt Name: LIU, YU FEN

MRN: 2870892

Rm/Bed:

Page 2 of 6



TuftsMedCtr
 800 Washington St
 02111
 MA

7

6175365000

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	210857430
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	03/17/2021	Attn Dr:	Ostrow, Peter MD
Nurs Sta:		Rm/Bed:	
Dx:			
Alrg:	No Known Food Allergies, Penicillins		

Hematology		Hem-Routine	
	Reference Interval	11/28/19	11/03
MPV	9.1 - 11.7 fL		10.6
Seg Neut	%		64
Lymph	%		26
Mono	%		7
Eosn	%		0
Base	%		0
Immature Granulocyte	%		0
NRBC #	<0.0 K/uL		0.0
Neut #	1.5 - 7.5 K/uL		8.8
Lymph #	1.0 - 4.0 K/uL		2.2
Mono #	0.2 - 0.8 K/uL		0.9
Eosn #	0.0 - 0.5 K/uL		0.0
Base #	0.0 - 0.2 K/uL		0.0
Immature Granulocyte #	0.0 - 0.1 K/uL		0.0
Nucleated RBC	%		0

Coag	Coagulation
------	-------------

Pt Name: LIU, YU FEN MRN: 2870892

Rm/Bed: Page 4 of 6
 © 2003-2021 Siemens Medical Solutions Health Services Corporation. All rights reserved
 Crystal Reports © 1995-2021 Business Objects Software Limited. All rights reserved

Laboratory Results Report
 ORE_0040_MCDAL.rpt, Version 1.00
 Printed By: Donnetta Williams
 Printed On: 10-Dec-21 07:26



8

TuftsMedCtr
 800 Washington St
 02111
 MA

6176365000

Pt. Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	210957430
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	03/17/2021	Atn Dr:	Ostrów, Peter MD
Nurs Sta:		Rm/Bed:	
Dx:			
Allrg:	No Known Food Allergies, Penicillins		

Reference Interval: 11/24/19
 11.09

Prothrombin Time	9.7 - 14.0 sec	13.2
INR PI	0.9 - 1.3	1.1
PTT	25.7 - 35.7 sec	26.7
D-Dimer Sensitive	0 - 243 ng/mL (DDU)	942 H (1)

(1) Patients <70 years old:
 Patients with low to moderate pre-test probability of venous thromboembolism (VTE) and D-dimer values of <250 ng/mL (DDU) have a negative predictive value of 95% for exclusion of VTE.

Patients ≥70 years old:
 While Tufts Medical Center did not validate age-adjusted cut-offs for D-dimer, literature suggests using the following formula for patients ≥70 years of age:
 Age in years x 5 = calculated age-adjusted cutoff in DDU.
 (Example #1: Patient's age = 70; 70 x 5 = 350 DDU; Example #2: Patient's age = 85; 85 x 5 = 425 DDU)
 (Cooklin AJ Annals of Internal Medicine December 2016)

Body Fluids

BF-Urinalysis

Reference Interval: 11/24/19
 1.010

U Color		Straw
U Appearance		Clear
U Glucose	Negative mg/dL	Negative
U Bilirubin	Negative	Negative
Ketones	Negative mg/dL	Negative
Specific Gravity	1.001-1.035	1.010

Pt Name: LIU, YU FEN MRN: 2870892



9

TuftsMedCtr
 800 Washington St
 02111
 MA

6176365000

Pt Name: LIU, YU FEN
 Pt ID: 2018016649
 DOB: 04/28/1963
 Adm DTime: 03/17/2021
 Nurs Sta:
 Dx:
 Alerg: No Known Food Allergies, Penicillins

MRN: 2870892
 Acct No: 210957430
 Age/Sex: 58Y/F
 Attn Dr: Ostrow, Peter MD
 Rm/Bed:

Body Fluids	BF-Urinalysis	
	Reference Interval	11/24/19 14 28
U Blood	Negative	1+ *
U pH	5.0-8.0	7
U Protein	Negative mg/dL	Negative
U Urobilinog	0.2-1.0 EU	0.2
Nitrite Level	Negative	Negative
Leukocyte Est	Negative	1+ *
Red Blood Cells	0-5 /hpf	1
White Blood Cells	0-5 /hpf	4
Squamous Epithelial Cells	hpf	Few
Mucous		Present *

Pt Name: LIU, YU FEN

MRN: 2870892

Rm/Bed:

Page 5 of 6

© 2003-2021 Siemens Medical Solutions Health Services Corporation. All rights reserved.
 Crystal Reports © 1991-2021 Business Objects Software Limited. All rights reserved.

Laboratory Results Report
 ORE_0040_MODAL.rpt, Version 1.00
 Printed By: Donnetta Williams
 Printed On: 10-Dec-21 07:25



TuftsMedCtr
 800 Washington St
 02111
 MA

6176365000

Pt Name: LIU, YU FEN MRN: 2670892
 Pt ID: 2018016649 Acct No: 210957430
 DOB: 04/28/1963 Age/Sex: 58Y/F
 Adm DTime: 03/17/2021 Attn Dr: Ostrow, Peter MD
 Nurs Sta: Rm/Bed:
 Dx:
 Allrg: No Known Food Allergies, Penicillins

EKG

Reference Interval	11/24/19 12:22	11/24/19 11:55	11/24/19 10:35
--------------------	-------------------	-------------------	-------------------

EKG Results
 P
 PRELIMINAR
 Y EKG
 INTERPRETA
 TION IS
 UNCONFIRM
 ED
 Follow B (1)
 Follow B (3)

(1)
 Pat Name: YU LIU Test Date: 2019-11-24 10:28:56
 Patient ID: 2018001 Department: EMERGENCY DEPT
 Gender: F Room: 803H
 DOB: 1963-04-28 Technician: SA
 Order Number: 163041223 Requested By:
 Reading MD: David Donofrio

Measurements
 Intervals
 Rate: 89 P: 83
 PR: 164 QRS: 20
 QRSB: 82 T: 20
 QT: 384
 QTc: 488

Interpretive Statements

SINUS BRITAN
 LATERAL INFARCT, AGE INDETERMINATE
 Compared to EKG 11/24/2019 11:57:43
 Myocardial infarct findings now present

Electronically signed on 11-24-2019 20:44:41 EST by Fellow Yanq Shi
 Electronically signed on 11-24-2019 12:04:44 EST by David Donofrio

(3)
 Pat Name: YU LIU Test Date: 2019-11-24 10:46:24
 Patient ID: 2018001 Department: EMERGENCY DEPT
 Gender: F Room: 803H
 DOB: 1963-04-28 Technician: SA
 Order Number: 163041223 Requested By:
 Reading MD: Kenneth Horvath

Measurements
 Intervals
 Rate: 83 P: 45
 PR: 144 QRS: 22
 QRSB: 80 T: 48

Pt Name: LIU, YU FEN MRN: 2670892



TuftsMedCtr
800 Washington St
02111
MA

6176365000

Pt Name:	LIU, YU FEN	MRN:	2870892
Pt ID:	2018016649	Acct No:	210957430
DOB:	04/28/1963	Age/Sex:	58Y/F
Adm DTime:	03/17/2021	Attn Dr:	Ostrow, Peter MD
Nurs Sta:		Rm/Bed:	
Dx:			
Allrg:	No Known Food Allergies, Penicillins		

EKG

Reference Interval	11/24/19	11/24/19	11/24/19
	12.22	11.56	10.36

QTc: 389
QTc1: 447

Interpretive Comments

SINUS BRITM
No previous ECG available for comparison
Electronically Signed On 11-26-2019 13:25:52 EST by Fellow Member: Aijun Liu
Electronically Signed On 11-27-2019 11:07:00 EST by Member: [Name]

Echo

Reference Interval	11/24/19
	13:02

Trans thoracic
Echocardiogram

Result is encoded and must be viewed on-line (1)

(1) Result is encoded and must be viewed on-line. Result is encoded and must be viewed on-line

Pt Name: LIU, YU FEN MRN: 2870892



EXHIBIT 6

Tufts Medical Center

Emergency Department

Physician
 Documentation

Name: Liu, Yu
Age: 56 yrs **Sex:** Female **DOB:** 04/28/1963
Arrival Date: 11/24/2019 **Arrival Time:** 10:24
Working Diagnosis: Chest pain, unspecified

MRN: 2256001

Account#: 198115703
 PCP: Lau, Sandra

HPI:

11/24 This 56 yrs old Asian Female presents to ED via Walk In with complaints of Chest Pain and rash. mw13
 11:12
 11:12 HPI and exam performed with interpreter The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. The patient has a known cardiac history with a positive stress test in July and recommended stress test but the patient declined at that time. She woke up today with her usual episode of chest pain which typically resolves with nitro. She did not have any of her nitro at home so she came in to the ED for evaluation. She denies any jaw pain, arm pain, radiation of chest pain, nausea or vomiting. mw13

Historical:

- **Allergies:** Amoxicillin; mycin family; Penicillins;
- **Home Meds:** Unable to Obtain;
- **PMHx:** Anemia
- **Social history:** Smoking status: The patient is not a current smoker. Patient/guardian denies using alcohol, street drugs, The patient speaks a little English, Their native language is Chinese - Mandarin The patient lives with family..

ROS:

11:19 mw13
Constitutional: Negative for body aches, chills, fatigue, fever, malaise, poor PO intake.
Eyes: Negative for blurry vision, visual disturbance.
ENT: Negative for difficulty handling secretions, difficulty swallowing, hoarseness, rhinorrhea, sore throat.
Cardiovascular: Negative for edema, orthopnea, palpitations, paroxysmal nocturnal dyspnea.
Respiratory: Negative for cough, dyspnea on exertion, hemoptysis, orthopnea, Pleuritic pain shortness of breath, sputum production, wheezing.
Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea.
Back: Negative for pain at rest, pain with movement.
MS/extremity: Negative for pain.
Skin: Positive for rash.
Neuro: Negative for altered mental status, dizziness.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
10:26	126 / 86 Left Arm (auto/reg)	89	18	36.6	99%			jr26
10:40	134 / 82	95	16					ps9
11:41	138 / 81	93	16		99% on R/A			ps9
11:50	133 / 86	92	15		99% on R/A			ps9
12:00	125 / 76	94	16					ps9
14:03	138 / 81	98	14				0/10	ps9

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:54	spontaneous(4)	oriented(5)	obeys commands(6)		15	ps9



Tufts Medical Center Emergency Department

**Physician
 Documentation**

Tufts Medical Center

Physician Documentation Continued

10:54	spontaneous(4)	oriented(5)	obeys commands(6)	15	ps9
12:07	spontaneous(4)	oriented(5)	obeys commands(6)	15	ps9

Exam:

11:33

mw13

Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress.
Head/Face: Normocephalic, atraumatic.
Neck: No cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity. Noted urticarial rash on front of neck
Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.
Chest/axilla: Normal chest wall appearance and motion. Nontender with no deformity. Urticarial rash on front of chest at sternum and healed keloid noted.
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs.
Abdomen/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound.
Skin: Warm, dry with normal turgor. Noted urticarial rash on left upper extremity, chest and lower back with excoriations from scratching.
MS/Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full range of motion.
Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation.

MDM:

- 11:03 ECG: I interviewed the patient's EKG. It shows normal sinus rhythm, rate 83 beats per minute. The axis is normal. Intervals are normal. No ectopy or ischemic changes are noted. jms
- 11:37 ED course: Ms. Liu is a 56 year old female with a reported CAD history with stress testing who presents with chest pain and urticarial rash. Was in her usual state of health last night when developed a rash. This rash was on her chest and lower back and actually improved. She reports no new medications, foods, detergents or exposures. Was given Benadryl, famotidine and Solu-Medrol with improvement of itching and redness. She takes nitro at home but did not have any so came to the emergency department. Her chest pain remained 9-10/10 EKG largely within normal limits and troponin initially was negative. Her chest pain did not improve with nitro x3, GI cocktail and she was given morphine. Cardiology was consulted for further evaluation. mw13
- 12:52 The patient was given aspirin in the Emergency Department. mw13
- 13:41 Differential diagnosis: Chest pain, GERD, new-onset angina, acute MI. Counseling: I had a detailed discussion with the patient and/or guardian regarding the historical points, exam findings, and any diagnostic results supporting the admission diagnosis. A consult was requested from: Cardiology and will see patient in ED. jms
- 14:05 ED course: Cardiology saw the patient and performed a bedside ECHO. They recommended admitting the patient to the inpatient cardiology service. they also recommended sending LFTs, D-Dimer and getting a CTA to rule out a dissection. Will admit to the general cardiology service for further work-up and management. mw13
- 20:07 Data reviewed: EKG, lab test result(s), nurses notes, vital signs. Resident chart complete and electronically signed: Michael Wismer, MD Internal Medicine PGY-3. mw13

Time	Order name	Complete Time	Staff

Name: Liu, Yu

MRN: 2256001
 Account#: 198115703



Tufts Medical Center
Emergency Department

Physician Documentation

Tufts Medical Center

Physician Documentation Continued

11/24 10:48	BUN (Blood Urea Nitrogen)	11:55	mw13
11/24 10:48	CBC/Diff (With Plt)	11:55	mw13
11/24 10:48	CR (Creatinine)	11:55	mw13
11/24 10:48	GLU (Glucose)	11:55	mw13
11/24 10:48	LYTES (Na, K, Cl, Co2)	11:55	mw13
11/24 10:48	PT (Prothrombin Time With INR)	11:55	mw13
11/24 10:48	PTT	11:55	mw13
11/24 10:48	Troponin I	11:55	mw13
11/24 11:33	GFR, NAA	11:55	dispat
11/24 11:33	GFR, AA	11:55	dispat
11/24 13:59	Ctangiogram Chest W+wo Contrast (Cta)		mw13
11/24 14:17	UA w/Refl Cult	15:04	ps9
11/24 14:17	Troponin I	15:04	ps9
11/24 10:48	Adult EKG (order using folder)	10:48	mw13
11/24 10:48	Cardiac Monitor	10:53	mw13
11/24 13:47	ADD D DIMER SENSITIVE	13:51	mw13
11/24 13:47	ADD ALKALINE PHOSPHATASE	13:51	mw13
11/24 13:47	ADD ALT/SGPT	13:51	mw13
11/24 13:47	ADD AST/SGOT	13:51	mw13
11/24 13:47	ADD BILI DIRECT	13:51	mw13
11/24 13:47	ADD BILI TOTAL	13:51	mw13
11/24 13:47	ADD LIPASE	13:51	mw13

Name: Liu, Yu

MRN: 2256001
 Account#: 198115703



17

Tufts Medical Center

Emergency Department

Physician Documentation

Tufts Medical Center

Physician Documentation Continued

11/24 10:48	EKG (order using folder)	10:53	mw13
11/24 10:48	Pulse Oximetry Continuous	10:53	mw13
11/24 12:56	Consult Orders-Cardio-Adult (Cardiology)	14:43	mw13
11/24 13:49	Patient Belongings List	14:38	ac21

Dispensed Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
10:54	Benadryl 25 mg		IVP					ps9
10:54	Famotidine 20 mg		IVP					ps9
11:02	CANCELLED (N/A): Nitrostat 0.4 mg Sublingual every 5 minutes; do not exceed 3 tablets in 15 minutes; call md if still symptomatic after 3 rd dose x3							jms
11:23	Nitroglycerin Tablet 0.4mg 0.4 mg		Sublingual					ps9
11:23	Solu-MEDROL 125 mg		IVP					ps9
11:38	Nitroglycerin Tablet 0.4mg 0.4 mg		Sublingual					ps9
11:41	Nitroglycerin Tablet 0.4mg 0.4 mg ¹		Sublingual					ps9
12:02	Follow up: Response: Pain is unchanged, physician notified; Pain is unchanged, physician notified 10/10							ps9
12:03	Follow up: Response: Pain is unchanged, physician notified; Pain is unchanged, physician notified 10/10							ps9
12:04	GI cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL)		PO					ps9
12:35	Follow up: Response: Pain is decreased; Pain is decreased 9/10							ps9
12:35	ASA - Aspirin 325 mg		PO					ps9
12:35	Follow up: Response: No Adverse Reaction							ps9
12:45	morphine 4 mg		IVP					ps9
13:15	Follow up: Response: Pain is decreased; Pain is decreased 3/10							ps9

1 - Note: pain remains 10/10 .

Order name	Last Status	Reason	Time	By	For
Ctangiogram Chest W+wo Contrast (Cta)	Ordered		11/24/19 13:59	mw13	mw13
Order Method: Electronic					
Details:					
Notes: Bed Name: A5					
Interpretation:					

Attending Notes:

Name: Liu, Yu

MRN: 2256001
 Account#: 198115703



Tufts Medical Center Emergency Department

Physician Documentation

Tufts Medical Center

Physician Documentation Continued

10:59 **Attestation: Assessment and care plan reviewed with resident/midlevel provider. See their note for details.** jms

Resident's history reviewed, patient interviewed and examined.

Attending HPI:

HPI: The patient reports a day or so of very pruritic rash on the chest and back. She can't identify any new medications or foods. She reports no past similar symptoms. She does note midsternal chest pain for the past 15-30 minutes. She reports no shortness of breath or palpitations. She reports she takes medicine from "a little bottle". But has run out of this. She reports no fever, chills, nausea, vomiting, palpitations.

11:00 **Attending ROS** jms

As documented by Resident ROS and HPI.

Attending Exam:

My personal exam reveals The patient is a well-developed, well-nourished, Asian female. She is alert and conversant. Conjunctiva are clear, the pupils are equal and reactive. The pharynx is clear. No swelling the tongue is noted. No stridor is present. The patient has a rash that is erythematous and appears urticarial on the back. There is also some rash and upper chest. There are marks from the bra strap noted in red. The patient also has a keloid scar in the lower sternum. The chest is nontender. The chest is clear. No murmurs heard. Abdomen is soft and nontender. The patient's mentation is lucid, she follows commands. She moves all 4 extremities. The speech is fluent.

I have reviewed the

Nurses Notes.

13:39 **ED Course:** jms

The patient developed worsening chest pain. This is treated with sublingual nitroglycerin without effect. A GI cocktail made a small amount of improvement. Her pain resolved after IV morphine. She was seen by cardiology and admitted to their service. She has a positive stress test from this summer, the patient had initially declined catheterization. The patient's initial troponins and EKGs were negative.

My Working Impression:

Acute chest pain.

Attending chart complete and electronically signed:

J.M.Stephen MD x4720.

Disposition Summary:

11/24/19 13:41

Hospitalization Ordered

- Hospitalization Status: Inpatient Admission jms
- Provider: Weinstock, Jonathan jms
- Clinical Setting: Telemetry jms
- Condition: Stable jms
- Problem: new jms
- Symptoms: have improved jms
- Bed/Room Type: Regular jms
- Room Assignment: North 6 (11/24/19 14:05) ac21
- Diagnosis:
 - Chest pain, unspecified jms
- Forms:
 - Handoff Communication Form jms

Critical Care Time:

13:39 Critical care time: Bedside Care: 20 minutes, Consultation: 15 minutes. Total time: 35 minutes jms

Name: Liu, Yu

MRN: 2256001
Account#: 198115703



19

Tufts Medical Center Emergency Department

Physician Documentation

Tufts Medical Center

Physician Documentation Continued

Signatures:

Stephen, James	MD	jms	Dispatcher, Medhost	dispat
Stewart, Patrice	RN	ps9	Callahan, Amy	ac21
Wismer, Michael	MD	mw13	Ibrahim, Hawolul	hi

Corrections:

- 11:02 ~~11:02~~ Nitrostat 0.4 mg Sublingual every 5 minutes; do not exceed 3 tablets in 15 minutes; call md if still symptomatic after 3 rd dose x3 ordered. jms jms
- 11:29 ~~11:12~~ HPI and exam performed with interpreter. The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. She has had chest pain in the past and reportedly takes a medicine from her primary care doctor with helps with the pain which could be nitro. Dr. first without any medications. The patient reports she sees GMA here at Tufts but not visit notes in Soarian. She notes she has a cardiac history but unsure which tests she has had in the past. mw13 mw13
- 11:39 ~~11:33~~ Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress. Head/Face: Normocephalic, atraumatic. Neck: No cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity. Noted urticarial rash on front of neck. Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring. Chest/Axilla: Normal chest wall appearance and motion. Nontender with no deformity. Urticarial rash on front of chest at sternum and healed keloid noted. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Abdomen/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound. Skin: Warm, dry with normal turgor. Normal color with no rashes, no lesions, and no evidence of cellulitis. MS/Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full range of motion. Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. mw13 mw13
- 11:44 ~~11:37~~ ED course: Ms. Liu is a 56 year old female with a reported CAD history with stress testing who presents with chest pain and urticarial rash. Was in her usual state of health last night when developed a rash. This rash was on her chest and. mw13 mw13
- 11:46 ~~11:12~~ HPI and exam performed with interpreter. The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. She has had chest pain in the past and reportedly takes a medicine from her primary care doctor with helps with the pain which could be nitro. Dr. first without any medications. The patient reports she sees GMA here at Tufts but not visit notes in Soarian. She notes she has a cardiac history but unsure which tests she has had in the past. It seems she has had an exercise stress test in the past as she recalls walking on the treadmill for a cardiac test but does not recall the outcome. mw13 mw13
- 11:47 ~~11:37~~ ED course: Ms. Liu is a 56 year old female with a reported CAD history with stress testing who presents with chest pain and urticarial rash. Was in her usual state of health last night when

Name: Liu, Yu

MRN: 2256001
Account#: 198115703



Tufts Medical Center Emergency Department

Physician Documentation

Tufts Medical Center

Physician Documentation Continued

developed a rash. This rash was on her chest and lower back and actually improved. She reports no new medications, foods, detergents or exposures. Was given Benadryl, famotidine and Solu-Medrol with improvement of itching and redness. For her chest pain she reports history of taking a medicine when she has chest pain though Dr. first without medications. She also reports having was sounds like an exercise stress test. Her chest pain is substernal, sharp/stabbing and started about 15 minutes ago at rest. Will give nitro and assess for response as well as laboratory panel including troponin.

mw13 mw13

12:33 44:42 HPI and exam performed with interpreter. The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. She has had chest pain in the past and reportedly takes a medicine from her primary care doctor with helps with the pain which could be nitro. Dr. first without any medications. The patient reports she sees GMA here at Tufts but not visit notes in Soarian. She notes she has a cardiac history but unsure which tests she has had in the past. It seems she has had an exercise stress test in the past as she recalls walking on the treadmill of a cardiac test but does not recall the outcome.

mw13 mw13

12:43 44:42 HPI and exam performed with interpreter. The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. The patient.

mw13 mw13

12:44 44:42 HPI and exam performed with interpreter. The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. The patient.

mw13 mw13

12:52 44:42 HPI and exam performed with interpreter. The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. The patient.

mw13 mw13

12:55 44:37 ED course: Ms. Liu is a 56 year old female with a reported CAD history with stress testing who presents with chest pain and urticarial rash. Was in her usual state of health last night when developed a rash. This rash was on her chest and lower back and actually improved. She reports no new medications, foods, detergents or exposures. Was given Benadryl, famotidine and Solu-Medrol with improvement of itching and redness. For her chest pain she reports history of taking a medicine when she has chest pain though Dr. first without medications. She also reports having was sounds like an exercise stress test. Her chest pain is substernal,

Name: Liu, Yu

MRN: 2256001
Account#: 198115703



Tufts Medical Center Emergency Department

Physician Documentation

Tufts Medical Center

Physician Documentation Continued

~~sharp/stabbing and started about 15 minutes ago at rest. Will give nitro and assess for response as well as laboratory panel including troponin.~~

13:49 ~~13:44~~

~~mw13 mw13~~

14:05 ~~13:49~~ *PENDING BED*

~~jms ac21~~

20:07 ~~14:05~~ ED course: Cardiology saw the patient and performed a bedside ECHO. They recommended admitting the patient to the inpatient cardiology service; they also recommended sending LFTs, B-Dimer and getting a CTA to rule out a dissection.

~~ac21 ac21~~

~~mw13 mw13~~

Document is preliminary until electronically or manually signed by the attending physician

Name: Liu, Yu

MRN: 2256001
Account#: 198115703

Print Time: 11/27/2019 20:47:43

Page 8 of 8



Tufts Medical Center

Emergency Department

Nurse
 Documentation

Name: Liu, Yu
 Age: 56 yrs Sex: Female DOB: 04/28/1963
 Arrival Date: 11/24/2019 Arrival Time: 10:24
 Bed Pending Adult
 Chief Complaint: Chest Pain

MRN: 2256001

Account#: 198115703
 PCP: Lau, Sandra

Presentation:

11:24 Presenting complaint: Patient states: Mostly Mandarin speaking, presents to ED with multicomplaint. reports ac21
 10:34 midsternal chest pain that began 15 minutes ago. c/o pain to bilateral ears and back. reports this has
 occurred in the past, states she takes "a little pill in a small vial that helps the pain but I ran out" Denies
 SOB, dizziness, vomiting or diarrhea.

10:34 Acuity: Adult 2. ac21

10:34 Method Of Arrival: Walk In. ac21

16:17 Presenting complaint: Assumed care of this Patient at 1600. The bed was ready on North 6. Scans
 completed and the Patient is pain free. The Patient was transported to North 6 with CRN and Tech at 1620.
 North 6 was notified. jg8

Historical:

Allergies:

10:36 Amoxicillin; mycin family; Penicillins; ac21

Home Meds:

10:38 Unable to Obtain; ac21

PMHx:

10:38 Anemia; ac21

• **Social history:** Smoking status: The patient is not a current smoker. Patient/guardian denies using alcohol, street drugs. The patient speaks a little English, Their native language is Chinese - Mandarin The patient lives with family..

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
10:26	126 / 86 Left Arm ☺ (auto/reg)	89	18	36.6	99%			jr26
10:40	134 / 82	95	16					ps9
11:41	138 / 81	93	16		99% on R/A			ps9
11:50	133 / 86	92	15		99% on R/A			ps9
12:00	125 / 76	94	16					ps9
14:03	138 / 81	98	14				0/10	ps9

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:54	spontaneous(4)	oriented(5)	obeys commands(6)		15	ps9
10:54	spontaneous(4)	oriented(5)	obeys commands(6)		15	ps9
12:07	spontaneous(4)	oriented(5)	obeys commands(6)		15	ps9

Assessment:

10:54

ps9

Reassessment: 56 yo Mandarin-speaking female who presents with chest pain, back pain and a pruritic urticarial rash.

General: Appears uncomfortable, Behavior is cooperative.



Tufts Medical Center

Pain: Complains of pain in mid-sternal area.
Neuro:
Eye opening: Spontaneously
Level on consciousness: Sustained Attention
Verbal Response:
Orientation: Oriented x 3
Speech: Clear.
Eye movements: No Gaze preference
Facial Droop: Appears Normal
Motor Response: Obeys Commands

10:54 ps9

EENT: Denies difficulty swallowing.
Cardiovascular: Capillary refill < 3 seconds
Respiratory: Airway is patent Trachea midline Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Breath sounds are clear bilaterally.
Skin: Rash noted that is urticaria, on back and chest.
Skin: Rash noted that is urticaria, on back and chest.

12:04 ps9

General: Appears uncomfortable, Behavior is anxious, "I feel like I'm going to die. Can I have he cardiac surgery today"?.
Pain: Complains of pain in mid-sternal area Pain currently is 10/10.
Neuro: Eye opening: Spontaneously Level on consciousness: Sustained Attention Verbal Response:
Orientation: Oriented x 3 **Speech:** Clear. **Eye movements:** No Gaze preference **Facial Droop:** Appears Normal **Motor Response:** Obeys Commands **Motor Strength:**.
Cardiovascular: Capillary refill < 3 seconds.
Respiratory: Airway is patent Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Breath sounds are clear bilaterally.
GI: Denies nausea, vomiting.
GU: No deficits noted.
Skin: urticaria is resolving.

Observations:

10:24 Patient arrived in ED. sb36
10:36 Triage Completed. ac21
10:47 Patient Visited By: Wismer, Michael. mw13
10:58 Patient Visited By: Stephen, James. jms
13:41 Patient Visited By: Stephen, James. jms
13:49 Patient assigned to A5. ac21
14:05 Patient assigned to A5. ac21

Procedure:

10:52 EKG done. (by ED staff). No Old EKG Reviewed By: James Stephen MD. rc11
11:24 Labs drawn. Sent per order to lab. Inserted peripheral IV: saline lock: 20 gauge in right antecubital area. ps9
12:01 EKG done. (by ED staff). Old EKG Obtained Reviewed By: James Stephen MD. rc11
12:26 EKG done. (by ED staff). Old EKG Obtained Reviewed By: James Stephen MD. ra11
14:17 Labs drawn. Sent per order to lab. Inserted peripheral IV: saline lock: 18 gauge in right antecubital area. ps9

Name: Liu, Yu

MRN: 2256001
Account#: 198115703

Print Time: 11/27/2019 20:47:40



Tufts Medical Center

Dispensed Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
10:54	Benadryl 25 mg		IVP					ps9
10:54	Famotidine 20 mg		IVP					ps9
11:02	CANCELLED (N/A): Nitrostat 0.4 mg Sublingual every 5 minutes; do not exceed 3 tablets in 15 minutes; call md if still symptomatic after 3 rd dose x3							jms
11:23	Nitroglycerin Tablet 0.4mg 0.4 mg		Sublingual					ps9
11:23	Solu-MEDROL 125 mg		IVP					ps9
11:38	Nitroglycerin Tablet 0.4mg 0.4 mg		Sublingual					ps9
11:41	Nitroglycerin Tablet 0.4mg 0.4 mg ¹		Sublingual					ps9
12:02	Follow up: Response: Pain is unchanged, physician notified; Pain is unchanged, physician notified 10/10							ps9
12:03	Follow up: Response: Pain is unchanged, physician notified; Pain is unchanged, physician notified 10/10							ps9
12:04	GI cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL)		PO					ps9
12:35	Follow up: Response: Pain is decreased; Pain is decreased 9/10							ps9
12:35	ASA - Aspirin 325 mg		PO					ps9
12:35	Follow up: Response: No Adverse Reaction							ps9
12:45	morphine 4 mg		IVP					ps9
13:15	Follow up: Response: Pain is decreased; Pain is decreased 3/10							ps9

1 - Note: pain remains 10/10.

4 medications in span of 2-3 hours

Interventions:

- 10:25 Driver's License Scanned into Chart. sb36
- 11:05 Demo Sheet Scanned into Chart. ad27
- 11:08 ECG/EKG Scanned into Chart. hi
- 12:13 ECG/EKG Scanned into Chart. hi
- 14:30 Patient Belongings Scanned into Chart. ad27
- 16:09 ECG/EKG Scanned into Chart. vs6

Outcome:

- 13:41 Decision to Hospitalize by Provider. jms
- 16:47 Patient left the ED. ac21

Corrections:

- 12:08 ~~10:54~~ Neuro: Eye opening: Spontaneously Level on consciousness: Sustained Attention Verbal Response: Oriented x 3 Speech: Clear: Eye movements: No Gaze preference Facial Drop: Appears Normal Motor Response: Obeys Commands ps9 ps9
- 12:09 ~~10:54~~ Neuro: Eye opening: Spontaneously Level on consciousness: Sustained Attention Verbal

Name: Liu, Yu

MRN: 2256001
 Account#: 198115703



Tufts Medical Center

Nurses Documentation Continued

~~Response: Orientation: Oriented x 3 Speech: Clear Eye movements: No Gaze preference
Facial Droop: Appears Normal Motor Response: Obeys Commands~~ ps9 ps9

12:11 ~~42:04 GCS: 15;~~ ps9 ps9

12:11 ~~42:07 Cardiovascular: Capillary refill < 3 seconds~~ ps9 ps9

12:11 ~~42:07 Respiratory: Airway is patent Trachea midline Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Breath sounds are clear bilaterally;~~ ps9 ps9

12:11 ~~42:07 EENT: Denies difficulty swallowing;~~ ps9 ps9

12:11 ~~42:07 GU;~~ ps9 ps9

12:11 ~~42:07 Skin: Rash noted that is urticaria, on back and chest~~ ps9 ps9

12:11 ~~42:08 Skin: Rash noted that is urticaria, on back and chest~~ ps9 ps9

12:11 ~~42:08 GCS: 15;~~ ps9 ps9

Signatures:

Stephen, James	MD	jms	Gilleran, Janet	RN	kg8
Stewart, Patrice	RN	ps9	Callahan, Amy	RN	ac21
Wismer, Michael	MD	mw13	Costa, Rachel		rc11
DelRosario, Alida	Sec	ad27	Ibrahim, Hawolul		hi
Santa, Vanessa		vs6	Rincon, Javier		jr26
Bland, Shamyiah		sb36	Aspinwall, Riley	CCT	ra11

~~Handwritten mark~~

Name: Liu, Yu

Print Time: 11/27/2019 20:47:40

MRN: 2256001
Account#: 198115703

Page 4 of 4



Tufts Medical Center 800 Washington Street Boston MA 02111

CTA Chest W+WO Contrast (Angiogram) Results Report

Pt Name: LIU, YU FEN
Pt ID: 2018016549
DOB: 04/28/1963

MRN: 2870892
Acct No: 210957430
Age/Sex: 58Y/F
Attn Dr: Ostrow, Peter MD
Rm/Bed:

Nurse Sta:
Dx:

Allrg: No Known Food Allergies, Penicillins

Order Name:
Result Name: CTA Chest W+WO Contrast (Angiogram)

Observation Dtime: 11/24/2019 21:48
Result Status: Final Result

Final

TUFTS MEDICAL CENTER NAME: LIU, YU FEN MR#: 2256001
800 Washington Street ORD PHYS: Wismer, Michael MD
Boston, MA 02111

DOB: 04/28/1963 AGE: 56 year(s) SEX: F

EXAM DATE: 11/24/2019 EXAM ID: 10141056

CAT Scan CTED - CT ED ROOM LOCATION: DISCH - DISCHARGED (DISCH)

EXAM: CTA CHEST W+W/O CONTRAST

CLINICAL DATA:

REASON FOR EXAM: chest pain and concern dissection

ORDER COMMENTS: Bed Name: A5

EXAM: CTA Chest (Pulmonary Angiogram).

HISTORY: 56-year-old female presenting with acute onset chest pain not resolving after SLN, concern for pulmonary embolus

TECHNIQUE: A test bolus of Isovue 370 was injected at 5 cc/sec for timing purposes. Helical CT was then performed from the lung apices through the lung bases following the administration of 70 cc Ultravist 370 injected at 5 cc/sec. Axial, coronal and sagittal MIP images and volume rendered 3D vascular models were created at the CT console. Of note, patient refused imaging of the legs.

COMPARISONS: Chest radiograph 3/18/2016

FINDINGS:

Vascular Findings:

There is adequate opacification of the pulmonary arteries to the sub-segmental level.

There is no filling defect in the pulmonary arteries to suggest acute or chronic pulmonary embolus.

There is a rounded 5 mm focal opacification emanating from the distal pulmonary artery branch in the left upper lobe (8-116).

This is suspected to be a pulmonary AVM.

Non-vascular Findings:

There is a 4 mm solid nodule in the left upper lobe (8-186). There are bilateral trace pleural effusions dependent atelectasis.

There is mild multilevel anterior endplate osteophyte formation.

IMPRESSION:

1. No evidence of acute or chronic pulmonary embolus.
2. 5 mm rounded area enhancing focus emanating from the distal pulmonary arterial branch, suspected to be a pulmonary arteriovenous malformation.
3. 4 mm solid nodule in the left upper lobe. Please refer to the Fleischner society guidelines as below:

Per the 2017 Fleischner Society Guidelines:

Solid pulmonary nodules <6 mm in size, immunocompetent patients over age 35, no history of malignancy, not undergoing lung cancer screening:

- No known/unknown risk factors for lung cancer: No additional follow-up imaging needed.
- Risk factors for lung cancer: Optional follow-up chest CT at 12 months.

The Tufts Medical Center PACS record indicates that during the 12 months prior to the current exam the patient has had (including outside scans in the Tufts PACS record):

- 0 CT scans of any kind, including those done for attenuation correction PET scanning; and
- 0 myocardial perfusion radiotracer examinations.

DICTATED: Jidi Gao MD SUPERVISED BY Neil Halin DO

Pt Name: LIU, YU FEN

MRN: 2870892

Rm/Bed:



27

Tufts Medical Center 800 Washington Street Boston MA 02111

CTA Chest W+WO Contrast (Angiogram) Results Report

Pt Name: LIU, YU FEN
Pt ID: 2018016649
DOB: 04/28/1963

MRN: 2870892
Acct No: 210957430
Age/Sex: 58Y/F
Atn Dr: Ostrow, Peter MD
Rm/Bed:

Nurse Sta:
Dx:

Allrg: No Known Food Allergies, Penicillins

Order Name:
Result Name: CTA Chest W+WO Contrast (Angiogram)

Observation Dtime: 11/24/2019 21:48
Result Status: Final Result

IN ACCORDANCE WITH DEPARTMENT POLICY, TEACHING PHYSICIANS REVIEW ALL IMAGES, AND EDIT REPORTS AS REQUIRED. A REPORT IS NOT FINAL UNTIL APPROVED BY A STAFF RADIOLOGIST.
APPROVED BY STAFF RADIOLOGIST: Neil Halin .DO Nov 26, 2019 04:53 PM
TRANSCRIBED BY: TNUANCE

Comments

Result Comments:

Requisition Comments:

Ordering Dr: Wismer Michael

Order Date/Time:
Ord#/Occurrence#: /

Pt Name: LIU, YU FEN

MRN: 2870892

Rm/Bed: Page 2 of 2

CTA Chest W+WO Contrast (Angiogram) Results Report



EXHIBIT 7

