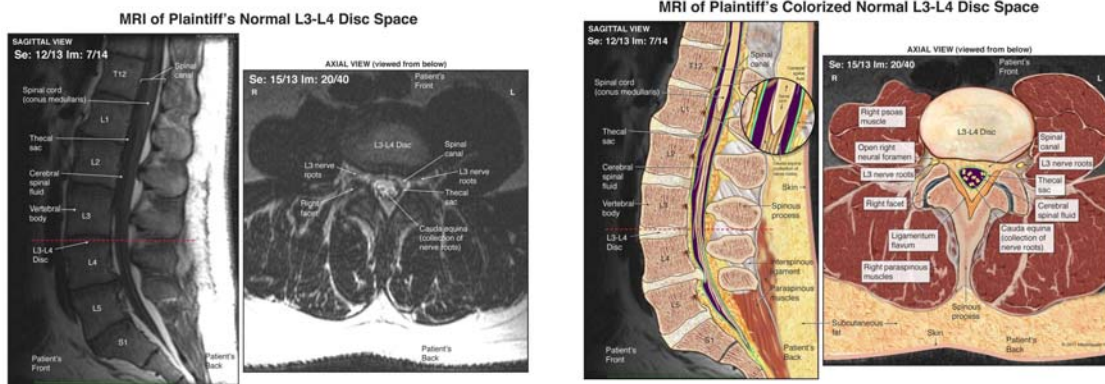


In a recent trial, Fonda & Fraser successfully defended one of the nation's top healthcare institutions and its attending physicians against claims made by a 33-year-old male, patient who alleged medical mismanagement related to lumbar spine surgery, the subsequent development of an epidural abscess, the delayed surgical evacuation of abscess pressing on the spinal cord, ultimately rendering the patient with permanent neurological injury and the inability to return to work.

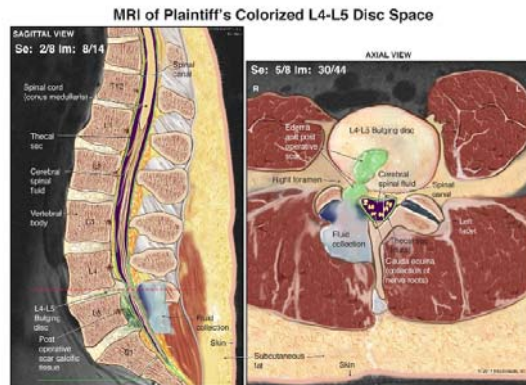
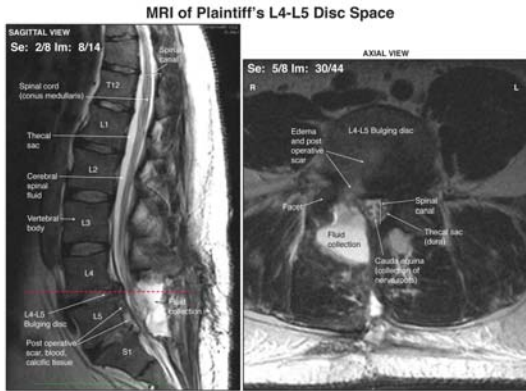
With medical facts this complicated, we first had to educate the jury on normal lumbar spine anatomy and the diagnostic tools of the trade, in this case MRIs. Fortunately, this patient had a normal L3-L4 disc space, so with the assistance of our friends at MediVisuals, we had 4' x 3' blow-ups prepared of the patient's actual MRI illustrating this normal disc space (*below left*) and a colorization of this same MRI (*below right*) with additional labeling. When placed side-by-side on easels the blow-ups served as a great teaching tool for our experts.



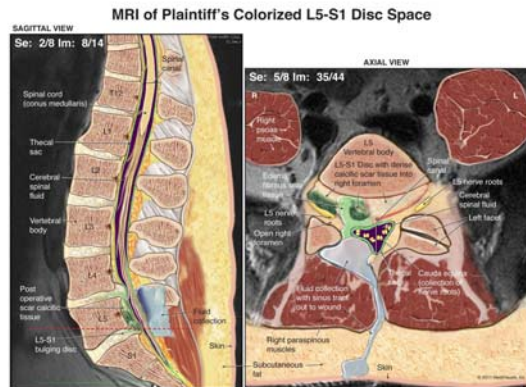
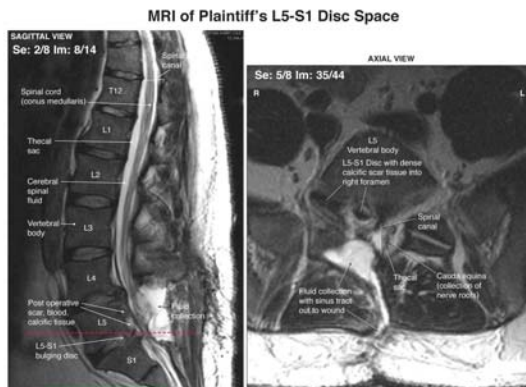
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Later, we utilized another blow-up of the patient's actual MRI obtained subsequent to the patient undergoing right surgical hemilaminotomy and mid-facetectomy at L4-L5. Next to this we placed a MediVisual's prepared colorization of the actual MRI, neither of which demonstrate any evidence of an epidural abscess or disc fragments in the spinal canal that might be irritating the nerve root. However, both blow-ups do illustrate recurrent vs. chronic residual right L4-5 disc bulge, calcific disc, dense epidural early scarring (*green*) into the right foramen (nerve root tract) with radiculitis and large fluid collection (*blue*) consistent with a recent surgery and bone (*facet*) removal. Utilizing additional records we showed this fluid collection became smaller over time and did not compress the spinal nerves within the thecal sac, as plaintiff alleged caused his neurological injury



We then utilized a separate blow-up of the patient's actual MRI obtained subsequent to undergoing the same right surgical hemilaminotomy and facetectomy discussed above, but with nerve root decompression at the level of L5-S1 secondary to a surgical finding of facet bone fracture requiring its partial removal. Again, MediVisual's prepared a 4' x 3' colorization of this MRI which also showed recurrent disc bulge with calcific disc down into the right foramen (*green*) atop the right nerve root, and fluid collection (*blue*) slightly pressing against the thecal sac. With these demonstrative exhibits, our experts were able to successfully discuss the how the fluid collection's sinus tract, visible on both exhibits, out through the skin's surgical wound prevented any significant pressure build up against the spinal nerves within the thecal sac and thus defeating this patient's alleged injury due to spinal cord compression from an abscess, as no abscess existed.



When confronted with a career altering potential damages award of \$3,600,000 alleged by this patient during trial against our client physicians, it takes the best trial counsel coupled with world-class physician experts to fully understand and explain the medical story to the satisfaction of jury. In this case, the patient's neurological injury was due in combination to his preexisting long-term disc herniations joined with significant post surgical scar tissue and calcifications around his nerve roots.