

## الملف الطبي المسجّل — الأستاذ توماس وليم هورنيغ

إجراء قلبي ومضاعفات طارئة في المركز الطبي للجامعة الأميركية في بيروت (٢٠١٤ - تاريخه)

رجفان أذيني / خفقان أذيني - تمزق الشريان والوريد الفخذي - ورم دموي واسع، ناسور، خثرة دموية - جراحة إسعافية عاجلة

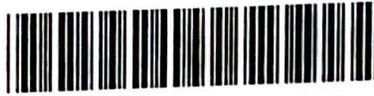
يُقدّم هذا الملف إلى وزارة العمل ووزارة العدل والهيئة الوطنية لمكافحة الفساد بهدف تسجيله رسمياً وإدراجه ضمن ملف تنفيذ القرار الإداري النهائي رقم تتعلّق بالإجراء القلبي الذي (AUBMC) 3/1266 (٢٠١٥). [يحتوي الملف على وثائق طبية صادرة عن المركز الطبي في الجامعة الأميركية في بيروت أُجري عام ٢٠١٤ لمعالجة الرجفان الأذيني والخفقان الأذيني، والذي تَبِعَهُ تمزقٌ خطير في الشريان والوريد الفخذي نتج عنه ورمٌ دمويٌّ كبير وناسورٌ وخثرة دموية استوجبت عمليةً جراحيةً إسعافيةً فورية. تُظهر هذه السجلات الوضع الصحي الدقيق والحاجة الملحة إلى التغطية الصحية القانونية والحماية المقرّرة في قوانين العمل والخدمة العامة. ويُطلب بكل احترام تسجيل هذا الملف كملحق رسمي بملف التنفيذ وإعطاؤه رقمًا مرجعيًا يثبت استلامه.

## REGISTERED MEDICAL DOSSIER — PROFESSOR THOMAS W. HORNIG

### AUBMC CARDIAC PROCEDURE & COMPLICATIONS (2014 - PRESENT)

**Atrial Fibrillation / Atrial Flutter - Femoral Artery and Vein Rupture - Hematoma, Fistula, Thrombosis -  
Emergency Surgery**

This dossier is submitted to the Ministry of Labor, the Ministry of Justice, and the National Anti-Corruption Commission for official registration and inclusion in the enforcement record of Decision No. 3/1266 (2015). It contains verified medical documentation issued by the American University of Beirut Medical Center (AUBMC) concerning the 2014 cardiac intervention to treat atrial fibrillation and atrial flutter, which resulted in a severe post-procedural complication — rupture of the femoral artery and vein, producing a large hematoma, fistula, and thrombosis requiring immediate emergency surgery. These records establish the continuing medical vulnerability and urgent need for lawful health-insurance coverage and protection under civil-service and labor law. It is respectfully requested that this dossier be registered as an official annex to the primary enforcement case and assigned a reference number confirming receipt.



American University of Beirut  
Medical Center  
Department of Pathology  
& Laboratory Medicine

Path.No.: 14-005868  
Collected: 27/06/2014  
Received: 27/06/2014  
Reported: 01/07/2014

## PATHOLOGY

Patient Name : **HORNIG THOMAS WILLIAM**  
Patient No. : 01068718-007  
Attending Dr : HADDAD FADY

Age: 49 Sex: Male  
Service: SUR1000

### CLINICAL SUMMARY:

Right femoral pseudoaneurysm.  
Repair.

### GROSS DESCRIPTION:

Right femoral pseudo aneurysm. Formalin.  
Received is a 5x4x2 cm tan-red oval blood clot and fibrous tissue piece.  
Partially submitted: 1A.

### DIAGNOSIS:

**ARTERY, RIGHT FEMORAL, REPAIR:  
ORGANIZING THROMBUS.**

T41000/M35100

TC:N/TR:N/QA:NA

F.BOULOS , M.D.  
Pathologist



American University of Beirut  
Medical Center  
Department of Pathology  
& Laboratory Medicine

Path.No.: 17-009486  
Collected: 16/08/2017  
Received: 16/08/2017  
Reported: 18/08/2017

## PATHOLOGY

Patient Name : **HORNIG THOMAS WILLIAM**  
Patient No. : 01068718-000  
Attending Dr : BARADA KASSEM

Age: 52 Sex: Male  
Service: OC

### CLINICAL SUMMARY:

Colonic polyps. Ileal erosions.  
R/O Adenoma.  
R/O Chronic inflammation.

### GROSS DESCRIPTION:

1. Descending colon polyp. Formalin.

Received are eight fragments of tan soft tissue measuring in aggregate 1x0.3x0.2 cm. Totally submitted: 1A.

2. Ileum biopsy. Formalin.

Received are three fragments of tan soft tissue measuring in aggregate 0.6x0.2x0.2 cm. Totally submitted: 2A.

### DIAGNOSIS:

1. DESCENDING COLON, BIOPSY:

NO PATHOLOGIC ABNORMALITY.

2. ILEUM, BIOPSY:

FOCAL NONSPECIFIC ACUTE ILEITIS.

T67000/M00100  
T64000/M41000

TC:N/TR:N/QA:NA

I.KHALIFEH , M.D.  
Pathologist

American University of Beirut  
Medical Center  
Department of Pathology  
& Laboratory Medicine



Path.No.: 17-010375  
Collected: 07/09/2017  
Received: 07/09/2017  
Reported: 11/09/2017

## PATHOLOGY

Patient Name : **HORNIG THOMAS WILLIAM**  
Patient No. : 01068718-000  
Attending Dr : BARADA KASSEM

Age: 52 Sex: Male  
Service: OC

### CLINICAL SUMMARY:

EGD.  
Reflux.  
R/O Celiac.  
R/O H.pylori.  
R/O Esophagitis.  
R/O Barrett's.

### GROSS DESCRIPTION:

1. Duodenal biopsy. Formalin.  
Received are six fragments of tan soft tissue measuring in aggregate 0.8x0.6x0.2 cm. Totally submitted: 1A.
2. Gastric biopsy. Formalin.  
Received are seven fragments of tan soft tissue measuring in aggregate 1.2x0.8x0.2 cm. Totally submitted: 2A.
3. GE Junction. Esophageal biopsy. Formalin.  
Received are seven fragments of tan soft tissue measuring in aggregate 1.3x0.9x0.2 cm. Totally submitted: 3A.

### MICROSCOPIC EXAMINATION:

There are seven fragments of fundic gastric mucosa. Chronic inflammation is absent. Activity is absent. There is no intestinal metaplasia and no glandular atrophy. H.pylori organisms absent.

### DIAGNOSIS:

1. DUODENUM, BIOPSY:  
NO DIAGNOSTIC ABNORMALITY.
2. STOMACH, BIOPSY:  
NO DIAGNOSTIC ABNORMALITY.

ROESOPHAGEAL JUNCTION, BIOPSY:  
MILD CHRONIC INFLAMMATION CONSISTENT WITH REFLUX.  
NO COLUMNAR EPITHELIUM OR INTESTINAL METAPLASIA  
ARE SEEN.

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T64000/M00100

T63000/M00100

T62000/M43000

TC:N/TR:N/QA:NA

G.ZAATARI , M.D.  
Pathologist

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دائرة الباثولوجيا والطب المخبري

**Hornig, Thomas William 01068718**

Male, 07/02/1965, 56 yrs

Authorizing Provider

Self Provider



**Molecular Diagnostics**

CoVID-19 RT-PCR (Final result)

Value

Ref. Range

Interpretation/Summary

**Specimen Type:** Swab

**Technique:** Qualitative detection of new Coronavirus 2019 (CoVID-19) viral RNA extracted from nasopharyngeal swabs, tracheal aspirates, bronchoalveolar lavage or sputum from patients. This assay uses Real-Time PCR targeting N-gene, E-gene and RdRP-gene segments.

**Platform:** CFX96

**Result:** **COVID-19** Not Detected

**Reference Range:** Not Detected

**Disclaimer:**

*This test was validated, and its performance characteristics were determined by the Molecular Diagnostics Laboratory at the American University of Beirut Medical Center. It has not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purpose.*

Interpretation is done by Rami Mahfouz, MD on 15/05/21 at 10:59 AM.

**CoV-19**

Not Detected

Not Detected

دائرة الباثولوجيا والطب المخبري

**Hornig, Thomas William 01068718**

Male, 07/02/1965, 56 yrs

PLMD211350034 collected at 15/05/2021 08:25. Verified at 15/05/2021 10:59. Resulted by AUB PLM.

**Resulting Labs**

**AUB PLM CAP: 7178201**

AUBMC PATHOLOGY AND LABORATORY MEDICINE, Cairo Street, Beirut  
Director: Ghazi Zaatari

**Specimen Details**

	Collected	Type	Source
PLMD211350034	15/05/2021 08:25	Swab	Nasopharyngeal Wash

Reviewed & e-Signed by

**Ghazi Zaatari, MD**

الدكتور غازي الزعتري  
رقم النقابة ١٧١/ز



Non-Invasive Cardiac Laboratory  
Echocardiography Report

<p><b>Name :</b> HORNIG THOMAS WILLIAM  <b>Patient No :</b> 01068718  <b>Date Of Birth :</b> 02/07/1965    <b>Age :</b> 45  <b>Sex :</b> M  <b>Patient Status:</b> Out patient</p>	<p><b>Study Date:</b> 24/01/2011  <b>Study Type:</b> Echocardi Doppler - TTE  <b>Referred by:</b> Dr ABCHEE ANTOINE  <b>Fellow:</b> Dr NASR EL-KHOURY NAJI  <b>Sonographer:</b> Dr ARNAOUT SAMIR</p>
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- \* **Left Ventricle :** The left ventricle is of normal size. Normal global and segmental wall motion. LVEF 60-64%.
- \* **Right Ventricle :** The right ventricle is normal in size.
- \* **Left Atrium :** The LA is of normal size. The left atrium antero-posterior diameter is 38 mm.
- \* **Right Atrium :** The right atrium is not dilated.
- \* **Aorta :** The aorta is not dilated. The ascending aorta diameter is 30 mm.
- \* **Aortic Valve :** Normal aortic valve with 3 thin cusps and normal opening. No evidence of aortic stenosis or regurgitation.
- \* **Mitral Valve :** Normal mitral valve morphology and leaflet motion. No evidence of mitral stenosis or regurgitation.
- \* **Pulmonary Valve :** No pulmonary valve regurgitation. The pulmonary valve has a normal morphology and leaflet motion.
- \* **Tricuspid Valve :** The tricuspid valve shows a normal morphology and leaflet motion. Mild physiological tricuspid regurgitation (grade 1/4). Pulmonary arterial systolic pressure 23 mmHg (RA pressure 5 mmHg).
- \* **Pericardium :** No pericardial effusion.





Non-Invasive Cardiac Laboratory  
Echocardiography Report

<b>Name :</b> HORNIG THOMAS WILLIAM <b>Patient No :</b> 01068718 <b>Date Of Birth :</b> 02/07/1965 <b>Age :</b> 45 <b>Sex :</b> M <b>Patient Status:</b> Out patient	<b>Study Date:</b> 24/01/2011 <b>Study Type:</b> Echocardi Doppler - TTE <b>Referred by:</b> Dr ABCHEE ANTOINE <b>Fellow:</b> Dr NASR EL-KHOURY NAJI <b>Sonographer:</b> Dr ARNAOUT SAMIR
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<b>Simple measurements</b>	
LA diam PLAX:	38 mm [N: 30 - 40]
IVS thickness:	10 mm [N: 6 - 12]
LVIDd:	52 mm [N: 42 - 59]
LVIDs:	33 mm
Posterior wall thickness:	10 mm [N: 6 - 11]
Relative Wall Thickness (h/r):	0.38 [N: 0.24 - 0.42]
Fractional Shortening:	37 % [N: 25 - 43]
LVM:	198 g
<b>Aortic measurements</b>	
	Ascending aorta    30 mm
<b>Filling Pressures</b>	
E:	78 cm/s
A:	82 cm/s
E / A:	0.95 [N: 1.03 - 1.53]
Mitral DTE:	183 ms [N: 162 - 200]

**Conclusion**

- \* The left ventricle is of normal size. Normal global and segmental wall motion. LVEF 60-64%.
- \* Non-dilated aorta. Normal aortic valve. No evidence of aortic valvulopathy.
- \* Normal mitral valve. No evidence of mitral valvulopathy. Normal diastolic function.
- \* The left atrium is normal.
- \* Non-dilated RV. No significant pulmonary hypertension (23 mmHg systolic PAP). The tricuspid valve shows a normal morphology and leaflet motion. Mild tricuspid regurgitation (grade 1/4). Normal pulmonary valve. No pulmonary valve regurgitation.
- \* No pericardial effusion.

Validated by Samir Arnaout, MD, FESC on Monday, January 24, 2011



**American University of Beirut Medical Center**

Initial Assessment Form

Date: 07/02/11

Case #: 01068718

DOB : 02/07/65

Patient: HORNIG THOMAS WILLIAM

Gender: M

Address:

MKALLAS

NASSAR BLD\lab

Phone: 03409921 01486130

Allergies:

NKAD

Reason for visit:

irregular heart beats for evaluation

Social Status:

Marital Status: Married      Number of Children: 1

Occupation: MUSICIAN

Education: College

Insurance: Private /

In case of Emergency contact:

ROWAYDA HORING

WIFE

Phone :03-041749

Nutritional Assessment:

No sudden weight Loss

No sudden weight Loss

Functional Assessment:

Have you lost balance, fallen or needed assistance to prevent you from falling? Yes

Do you have a problem in performing daily life activities such as bathing, toileting, feeding, dressing, moving around? Yes

Details:

Psychological Assessment:

Vitals:

Weight: 92

Height: 184

Heart Rate: 66 bpm

Blood Pressue: 130 / 90 mmHg      Right arm

Temperature: 36.6 C      Orally

Respiration: 16 /min

Vision: Left /20      Right /20      - ( Not Corrected)

**Pain**

Patient is not in pain

**Social Assessment**

Regular Exercise

**Review of systems (Personal/Family Medical History)**

Legend: P=Personal, F=Family, B=Both

**Medications**

Tenormin 50mg

1/2 tab

po daily

Aspirin

300mg

po daily

Magnesium

1 tab po

twice daily

**Previous Hospitalizations/Surgeries:**

post hernia repair ,varicocelelectomy

Signed by Mirna Faris

07/02/11 08:50

**Form Filled by:**

Mirna Faris-07/02/11 08:48

Mirna Faris-07/02/11 08:49

Mirna Faris-07/02/11 08:49

Mirna Faris-07/02/11 08:50

Mirna Faris-07/02/11 08:50



Non-Invasive Cardiac Laboratory  
Echocardiography Report

<p><b>Name :</b> HORNIG THOMAS WILLIAM  <b>Patient No :</b> 01068718  <b>Date Of Birth :</b> 02/07/1965    <b>Age :</b> 48 Year(s)  <b>Sex :</b> M  <b>Patient Status :</b></p>	<p><b>Study Date:</b> 17/06/2014  <b>Study Type:</b> TEE  <b>Referred by:</b> Dr ABI-SALEH BERNARD  <b>Fellow:</b> Dr HOUSARI MAYSAM  <b>Sonographer:</b> Dr GHARZUDDINE WALID</p>
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- \* **TEE**  
The patient was counseled and an informed consent was obtained. Topical and intravenous anesthesia was administered. The esophagus was intubated without difficulty. The probe was passed to the gastric fundus and all standard echocardiographic views were obtained. The patient tolerated the procedure well. No complications were noted during or following the procedure.
- \* **Left Ventricle:** Normal LVEF (>50%).
- \* **Left Atrium:** The left atrium is without visible thrombus. The left atrial appendage has normal features and free of thrombi. No evidence of atrial septal defect.
- \* **Aortic Valve:** Normal aortic valve and normal opening.
- \* **Mitral Valve:** Normal mitral valve morphology and leaflet motion. Trivial mitral regurgitation (grade 0 to 1).

**Conclusion**

- \* Normal LVEF (>50%).
- \* Normal aortic valve and normal opening.
- \* Normal mitral valve. Trivial mitral regurgitation (grade 0 to 1).
- \* The left atrium is mildly dilated, without any visible thrombus.
- \* No evidence of atrial septal defect.

Validated by Walid Gharzuddine M.D. on Wednesday, June 18, 2014



Invasive Electrophysiology Laboratory

## Radiofrequency Ablation Procedure

### Atrial Fibrillation/Atrial Flutter Ablation

**NAME:** THOMAS WILLIAM HORNIG  
**PATIENT NO:** 01068718  
**REFERRING PHYSICIAN:** Maurice Khoury, MD

**STUDY DATE:** 17/Jun/2014  
**AGE:** 49 years

**MEDICAL HISTORY:** Palpitations  
**SURGICAL HISTORY:** N/A  
**MEDICATIONS:** Aspirin  
**ECHOCARDIOGRAM:** EF Normal, LA diameter: 38 mm  
**ANESTHESIA:** Moderate Sedation  
**SHEATHS:** 8 Fr x3, 10 Fr x1  
**CATHETERS:** 7 Fr Octapolar coronary sinus deflectable catheter, 7 Fr 4 mm Irrigated tip Therapy CoolflexRF ablation catheter  
**3-D MAPPING SYSTEM USED:** Yes  
**INTRACARDIAC ECHO USED:** Yes  
**TRANSEPTAL ACCESS:** Yes  
**DRUG CHALLENGE:** None  
**RADIATION EXPOSURE:**  
Time: 62 min

#### History

49 year old man with history of palpitations and documentation of paroxysmal AF, could not tolerate antiarrhythmic medications. He presents to the EP lab for AF ablation.

#### Indication

Paroxysmal atrial fibrillation in a patient that did not tolerate medical therapy

#### Comments

The patient arrived to the EP laboratory in sinus rhythm. A TEE was done on the table ruling out LAA thrombus. Sheaths were placed: Two in the left femoral vein, and two in the right femoral vein. An octapolar CS catheter was placed in the coronary sinus. An intracardiac echo (ICE) was placed via the left femoral vein. Via the right femoral vein, LA instrumentation was performed with double transeptal puncture using ICE and fluoroscopy for guidance. Systemic anticoagulation with intravenous heparin was initiated just prior to the first transeptal puncture with a target ACT of about 400 sec. During the transeptal puncture the patient went into atrial fibrillation. A 20 mm decapolar circular mapping catheter was used for mapping the pulmonary veins (PVs). Placing the

Attending: DR. KHOURY MAURICE

This report has been electronically signed and Validated by Dr. Bernard Abi-Saleh

- 1 -

**Patient Name:** THOMAS WILLIAM HORNIG

**Patient No:** 01068718

circular mapping in the LSPV demonstrated that this is the driver vein. Isolation of the LSPV terminated the arrhythmia was not seen thereafter. All PVs were successfully isolated at the respective antra with the 3.5 mm Biosense Celsius ThermoCool irrigated-tip ablation catheter using an ICE-guided circular mapping technique and Ensite NavX for additional guidance. An esophageal thermistor probe was used for monitoring of esophageal temperatures. After ablation there was absence of PV potentials at the ostium/antrum of the PVs. After isolation of all 4 PVs catheters were moved to the RA and systemic anticoagulation was discontinued and partially reversed with intravenous Protamine. A cavotricuspid isthmus line of ablation was made for the treatment of the clinical typical flutter. After ablation there was documentation of bidirectional block. The patient tolerated the procedure well and there were no apparent complications. Pradaxa should be continued until the 2-month follow appointment.

**Complications**

- None

**Maurice Khoury, MD, Cardiology &  
Cardiac Electrophysiology**

**Bernard Abi-Saleh, MD, FACC, FHRS,  
Cardiology & Cardiac  
Electrophysiology**

This report has been electronically signed and Validated by Dr. Bernard Abi-Saleh

## ARTERIAL DUPLEX SCAN OF EXTREMITY

### Lower Extremities

**NAME:** THOMAS WILLIAM HORNIG

**PATIENT NO:** 01068718

**AGE:** 49 years

**GENDER:** Male

**EXAM DATE:** 25/Jun/2014

**REFERRING PHYSICIAN:** Fady Haddad, MD

**PROCEDURE DONE BY:** ms

### Findings

On the right:

There is a pseudoaneurysm in the right groin area measuring 6 x 4 cm in diameters.

- The SFA waveform is Triphasic with PSV of 73 cm/sec and EDV of 17 cm/sec.
- The Popliteal artery waveform is Triphasic with PSV of 43 cm/sec and EDV of 13 cm/sec.
- The PTA waveform is Triphasic with PSV of 71 cm/sec and EDV of 15 cm/sec.
- The DPA waveform is Triphasic with PSV of 86 cm/sec and EDV of 21 cm/sec.

On the left:

- The CFA waveform is Triphasic with PSV of 84 cm/sec and EDV of 27 cm/sec.
- The SFA waveform is Triphasic with PSV of 78 cm/sec and EDV of 20 cm/sec.
- The Popliteal artery waveform is Triphasic with PSV of 59 cm/sec and EDV of 19 cm/sec.
- The PTA waveform is Triphasic with PSV of 81 cm/sec and EDV of 22 cm/sec.
- The DPA waveform is Triphasic with PSV of 84 cm/sec and EDV of 23 cm/sec.

### Impression

There is a pseudaneurysm in the right groin area measuring 6 x 4 cm in diameters.

**Fady Haddad, MD: Vascular Surgery**

This report has been electronically signed and Validated by Dr. Fady Haddad