

28th September 2023

Dr Svitlana Saburova
3/3 Sydney Nolan Street
Conder 2906
Phone: (02) 6294 9366
Fax: (02) 6294 9388
Email:

Dear Svitlana,

Re: Mr Romen SAVESK
DOB: 06/01/1987
6/114 Barr Smith Avenue
Bonython 2905
Home Phone:
Mobile: 0409 460 373
Medicare: 2646643926 1

I just wanted to update you after telephone consultation with your patient Ro, a 36 year old man who requested consultation with me due to my special interest area of Covid-19 vaccine adverse events.

I will make a summary but you are of course very familiar with Ro's symptoms, and I have cc'd the specialist team also involved in his care. Ro speaks very highly of your comprehensive and dedicated care for him during what has been an extremely difficult time.

Prior to Ro's first mRNA vaccine on 18th September 2021 he was very fit and well, working for the Department of Health in a role that requires high level cognitive function, which role he was succeeding at and enjoyed. Within hours to days from the first vaccination he experienced tinnitus, severe fatigue, chest pain, palpitations and dyspnoea, brain fog/ memory difficulties, insomnia, loss of conversational hearing ability, headaches, skin hyperpigmentation and photosensitivity. Ro described all of these symptoms to the nurse prior to receiving to receiving his second dose on the 9th October 2021 but it sounds as though for some reason the decision was made to proceed with the second dose regardless. Fortunately Ro did not have any worsening of his symptoms after the second dose; less fortunately he continued to suffer from these debilitating symptoms to this day.

Ro tells me that due to the challenges of lock downs and limited access to medical or specialist care generally at the time that there were some challenges initially with investigating these symptoms and it was only relatively recently that he had cardiac MRI which demonstrated pericardial effusion and he has been recently commenced on colchicine.

Unfortunately, as with so many of these patients with longstanding events after vaccination, the pathophysiology of which we are only in the early stages of understanding, there was little I could offer to assist other than to listen and to make a few suggestions.

I did suggest Ro might consider some of the options in the recent paper discussing spike related pathology <https://www.mdpi.com/2076-2607/11/5/1308> noting the evidence base for all of these options is in its infancy.

I did discuss Ro's case with Dr Lesslar who has an interest in neuro immunology and she suggested SPECTRAL scans which I requested, however these were all reported as normal. Ro also underwent qEEG.

After reading the recent publication regarding amyloidosis following Covid-19 vaccination <https://www.mdpi.com/2076-393X/11/7/1139> and Ro having ongoing cardiovascular symptoms I also suggested cardiac SPECT scan for ? cardiac amyloidosis and this was also reported as normal- Ro has of course since then seen his cardiologist who has now confirmed the pericardial effusion.

Perhaps the most debilitating symptom for Ro has been the cognitive impairment- he has memory and concentration difficulties, he will slur his speech at times, and his fatigue is quite functionally impairing. I suggested a cerebral perfusion SPECT/CT and this demonstrated reduced perfusion of the frontal and parietal regions.

Interestingly, Ro is the third patient with significant neurological sequelae following vaccination (such as stroke, hearing loss, tinnitus, cognitive decline) who I have requested this type of imaging for and each has shown this or a similar pattern of hypo perfusion. There has been some initial research on patients with MRI negative stroke like syndromes after vaccination using perfusion studies and this case series also described various hypo perfusion patters <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9704968/> Incidentally, I spoke briefly to Ro about perhaps writing up his case as part of a published small case series.

Most importantly, I was hopeful that this might provide some additional information for the treating team to assist in planning rehabilitation and recovery for Ro, particularly regarding his employment. I wondered if he may be eligible for referral to the neuro psychology service at Canberra Hospital given the cognitive impairment to assess further and to guide a rehabilitation plan and I suggest Ro see you to discuss further.

Ro also asked me about a recent email from his workplace requesting some further details and a new medical certificate, but I noticed that his current medical certificate completely covers all the questions they have asked, and Ro is finding it anxiety provoking as his workplace appear to be behaving in a less supportive way. His condition would of course also be able to applied for under workcover as he was advised to take the vaccine by his workplace, and his financial situation is such that he may need to consider applying for this and he will also discuss further with you.

Many thanks again for your care for Ro,

Kind regards,

Allergies:

Nil known.

Current Medications:

No long term medications.

Current Medical Conditions:

Not recorded.

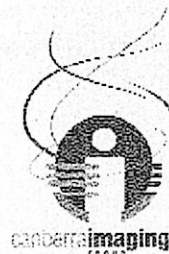
Past Medical History:

Not recorded.

Correspondence: 110 Box 15, Deakin West ACT 2600
 Administration Ph: 02 6208 2222 Fax: 02 6208 2221
 Email: info@canberraimg.com.au
 Web: www.canberraimaging.com.au
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 diagnostic imaging service
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 supporting the local community.



Page: 1 of 1

Dr M MCCANN
 Whitsunday Plaza, Shop B6
 8 Galbraith Park Drive
 CANNONVALE QLD 4802

PATIENT:

MR ROMEN SAVESK
 6/114 Barr Smith Avenue
 BONYTHON ACT 2905

AUID/MRN:
 DOB: 06/01/1987

EXAMINATION:

Performed Date: 22/09/2023
 Referred By: DR MELISSA MCCANN
 Copies To: Dr S SABUROVA; Dr S ZHAI

Request No: 2023BPH0023307
 Site: Bruce Private Hospital
 Status: Authorised
 Allied Health Professional/s: J Clayton / H Bush

NM CEREBRAL PERFUSION SCAN WITH SPECT/CT

Referral notes

Tinnitus, cognitive decline, balance difficulty, difficulty with memory, speech difficulty/delay; progressive worsening over 18 months since mRNA vaccine? Hyper/hypoperfusion changes.

Report

Low resolution/non diagnostic CT brain demonstrates normal gyral volume. Ventricles are midline and not dilated. The mastoid air cells appear clear with middle ears are normal. Paranasal sinuses are clear.

Perfusion scan demonstrates reduced perfusion of the frontal and parietal regions with preservation of the occipital, pre-cuneus and posterior cingulate. The central grey matter demonstrates normal perfusion.

Comment:

Unclear pathology given patient's age? Related to depression. MRI may be able to localise signal changes and is recommended for further evaluation.

Thank you for referring this patient.

Dr Yii Song WONG MBBS FRANZCR
 Canberra Imaging - Bruce Private Hospital

COVID-19 Message: To reduce contact transmission and unnecessary attendance at our sites, CIG is no longer producing film. To view the images please register for a link at www.canberraimaging.com.au/images.

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If this is a private communication, it does not represent the views of Canberra Imaging Group.

Family History:**Mother:** Not recorded**Father:** Not recorded**Investigation Results:**

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Phone: 04 09460373
Birthdate: 06/01/1987 **Sex:** M **Medicare Number:** 26466439261
Your Reference: **Lab Reference:** 23-72867648-CBC-0
Laboratory: QML Pathology
Addressee: DR MELISSA MCCANN **Referred by:** DR MELISSA MCCANN

Name of Test: MASTER FULL BLOOD COUNT
Requested: 28/07/2023 **Collected:** 08/08/2023 **Reported:** 08/08/2023 14:39

CUMULATIVE FULL BLOOD EXAMINATION

Date 08/08/23
Time 10:05
Lab No 72867648

Hb	134	g/L	(135-180)
RCC	4.6	x10 ¹² /L	(4.2-6.0)
Hct	0.40		(0.38-0.52)
MCV	86	fL	(80-98)
MCH	29	pg	(27-35)
Plats	209	x10 ⁹ /L	(150-450)
WCC	4.1	x10 ⁹ /L	(4.0-11.0)
Neuts	57 %	2.3 x10 ⁹ /L	(2.0-7.5)
Lymphs	36 %	1.5 x10 ⁹ /L	(1.1-4.0)
Monos	7 %	0.3 x10 ⁹ /L	(0.2-1.0)
Eos	0 %	0.00 x10 ⁹ /L	(0.04-0.40)
Basos	0 %	0.00 x10 ⁹ /L	(< 0.21)

72867648 Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Borderline Normochromic Anaemia. Recommend a review of haematinic profile (Iron/B12/Folate). Correlate Clinically.

**** FINAL REPORT - Please destroy previous report ****

Clinical Notes : pots ,tinnitus , chest pain anc cognitive declin++

Tests Completed:FBC

Tests Pending :SE IMMUNOGLOBULINS, SE E/LFT, UR BJP, SE FREE LIGHT CHAINS, SE EPP

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Phone: 04 09460373
Birthdate: 06/01/1987 **Sex:** M **Medicare Number:** 26466439261

Your Reference: **Lab Reference:** 23-72867648-UBJ-0
Laboratory: QML Pathology
Addressee: DR MELISSA MCCANN **Referred by:** DR MELISSA MCCANN

Name of Test: BENCE JONES PROTEIN, URINE
Requested: 28/07/2023 **Collected:** 08/08/2023 **Reported:** 08/08/2023 18:38

RANDOM URINE BENCE JONES PROTEIN STUDIES

Total Protein	<40 mg/L	24h(0-150)
Bence Jones Protein	pending	
Bence Jones Protein Conc.	pending mg/L	
Creatinine	1.7 mmol/L	24h(7.0-22.0)
Bence Jones Protein	pending	
INTERIM REPORT		
Urine Bence Jones studies to follow		

pending

As of 18/07/2023, we have merged our electrophoresis and immunofixation reports to simplify our reporting process. Our methods and testing procedures have not changed. For queries, please contact a Chemical Pathologist on 07 3121 4444.

Clinical Notes : pots ,tinnitus , chest pain anc cognitive declin++

Tests Completed:FBC

Tests Pending :SE IMMUNOGLOBULINS, SE E/LFT, UR BJP, SE FREE LIGHT CHAINS, SE EPP

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Phone: 04 09460373
Birthdate: 06/01/1987 **Sex:** M **Medicare Number:** 26466439261
Your Reference: **Lab Reference:** 23-72867648-SPQ-0
Laboratory: QML Pathology
Addressee: DR MELISSA MCCANN **Referred by:** DR MELISSA MCCANN

Name of Test: SPECIFIC PROTEINS(MASTER)
Requested: 28/07/2023 **Collected:** 08/08/2023 **Reported:** 08/08/2023 20:16

SERUM IMMUNOGLOBULINS

IgG	8.4 g/L	(6.6-14.9)
IgA	2.0 g/L	(0.7-3.6)
IgM	0.4 g/L	(0.3-1.4)

For any unexplained elevated immunoglobulins we suggest serum protein electrophoresis. Total immunoglobulins may be under or over-estimated if a paraprotein is present.

Clinical Notes : pots ,tinnitus , chest pain anc cognitive declin++

Tests Completed:SE IMMUNOGLOBULINS, FBC, SE E/LFT

Tests Pending :UR BJP, SE FREE LIGHT CHAINS, SE EPP

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Phone: 04 09460373
Birthdate: 06/01/1987 **Sex:** M **Medicare Number:** 26466439261
Your Reference: **Lab Reference:** 23-72867648-25T-0
Laboratory: QML Pathology

Addressee: DR MELISSA MCCANN Referred by: DR MELISSA MCCANN

Name of Test: E/LFT (MASTER)

Requested: 28/07/2023 Collected: 08/08/2023 Reported: 08/08/2023 20:16

CUMULATIVE SERUM BIOCHEMISTRY

Date	08/08/23	
Time	10:05	
Lab No	72867648	
	RANDOM	RANDOM
Sodium	141	mmol/L (137-147)
Potass.	4.3	mmol/L (3.5-5.0)
Chloride	106	mmol/L (96-109)
Bicarb	28	mmol/L (25-33)
An.Gap	11	mmol/L (4-17)
Gluc	5.1	mmol/L (3.0-7.7)
Urea	4.9	mmol/L (2.5-8.0)
Creat	56	umol/L (60-130)
eGFR	> 90	mL/min (over 59)
Urate	0.19	mmol/L (0.12-0.45)
T.Bili	10	umol/L (2-20)
Alk.P	34	U/L (30-115)
GGT	11	U/L (0-70)
ALT	16	U/L (0-45)
AST	16	U/L (0-41)
LD	121	U/L (80-250)
Calcium	2.17	mmol/L (2.15-2.60)
Corr.Ca	2.18	mmol/L (2.15-2.60)
Phos	1.0	mmol/L (0.8-1.5)
T.Prot	63	g/L (60-82)
Alb	42	g/L (35-50)
Glob	21	g/L (20-40)
Chol	5.7	mmol/L (3.6-6.7)
Trig	0.6	mmol/L (0.3-4.0)
Lab No	72867648	
Date	08/08/23	

Clinical Notes : pots , tinnitus , chest pain and cognitive declin++

Tests Completed: SE IMMUNOGLOBULINS, FBC, SE E/LFT

Tests Pending : UR BJP, SE FREE LIGHT CHAINS, SE EPP

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Phone: 04 09460373
Birthdate: 06/01/1987 Sex: M Medicare Number: 26466439261
Your Reference: Lab Reference: 23-72867648-UBJ-0
Laboratory: QML Pathology
Addressee: DR MELISSA MCCANN Referred by: DR MELISSA MCCANN

Name of Test: BENICE JONES PROTEIN, URINE

Requested: 28/07/2023 Collected: 08/08/2023 Reported: 09/08/2023 13:30

RANDOM URINE BENICE JONES PROTEIN STUDIES

Total Protein	<40 mg/L	24h (0-150)
Bence Jones Protein	Not Detected	
Creatinine	1.7 mmol/L	24h (7.0-22.0)

pending

As of 18/07/2023, we have merged our electrophoresis and immunofixation reports to simplify our reporting process. Our methods

and testing procedures have not changed. For queries, please contact
a Chemical Pathologist on 07 3121 4444.

Clinical Notes : pots ,tinnitus , chest pain anc cognitive declin++

Tests Completed:SE IMMUNOGLOBULINS, FBC, SE E/LFT
Tests Pending :UR IMMUNOFIXATION PROTEIN, SE IFE, UR BJP, SE FREE LIGHT CHAINS
Tests Pending :SE EPP

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Phone: 04 09460373
Birthdate: 06/01/1987 Sex: M Medicare Number: 26466439261
Your Reference: Lab Reference: 23-72867648-UBJ-0
Laboratory: QML Pathology
Addressee: DR MELISSA MCCANN Referred by: DR MELISSA MCCANN

Name of Test: BENICE JONES PROTEIN, URINE
Requested: 28/07/2023 Collected: 08/08/2023 Reported: 09/08/2023 13:51

RANDOM URINE BENICE JONES PROTEIN STUDIES
Total Protein <40 mg/L 24h(0-150)
Benice Jones Protein Not Detected
Creatinine 1.7 mmol/L 24h(7.0-22.0)

Urine immunofixation electrophoresis studies show no suggestion of
Benice Jones protein.

As of 18/07/2023, we have merged our electrophoresis and
immunofixation reports to simplify our reporting process. Our methods
and testing procedures have not changed. For queries, please contact
a Chemical Pathologist on 07 3121 4444.

Clinical Notes : pots ,tinnitus , chest pain anc cognitive declin++

Tests Completed:UR IMMUNOFIXATION PROTEIN, SE IMMUNOGLOBULINS, FBC, SE E/LFT, UR BJP
Tests Pending :SE IFE, SE FREE LIGHT CHAINS, SE EPP

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Phone: 04 09460373
Birthdate: 06/01/1987 Sex: M Medicare Number: 26466439261
Your Reference: Lab Reference: 23-72867648-SBJ-0
Laboratory: QML Pathology
Addressee: DR MELISSA MCCANN Referred by: DR MELISSA MCCANN

Name of Test: FREE LIGHT CHAINS, SERUM
Requested: 28/07/2023 Collected: 08/08/2023 Reported: 09/08/2023 16:04

CUMULATIVE SERUM IMMUNOGLOBULIN FREE LIGHT CHAIN QUANTITATION

Date	08/08/23
Time	10:05
Lab No	72867648
kappa FLC	10 mg/L (3-19)
lambda FLC	8 mg/L (6-26)
kappa/lambda ratio	1.25 (0.26-1.65)

72867648

Normal findings.

From 17/5/2021 Method: Freelite Immunoassay on Binding Site Optilite. The same method should be used if the patient is being monitored with serial measurements. In patients with CKD, a reference interval of 0.37-3.10 can be used for K/L ratio.

Clinical Notes : pots ,tinnitus , chest pain anc cognitive declin++

Tests Completed:UR IMMUNOFIXATION PROTEIN, SE IMMUNOGLOBULINS, FBC, SE E/LFT, UR BJP
Tests Completed:SE FREE LIGHT CHAINS
Tests Pending :SE IFE, SE EPP

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Phone: 04 09460373
Birthdate: 06/01/1987 Sex: M Medicare Number: 26466439261
Your Reference: Lab Reference: 23-72867648-EPP-0
Laboratory: QML Pathology
Addressee: DR MELISSA MCCANN Referred by: DR MELISSA MCCANN

Name of Test: PROTEIN ELECTROPHORESIS,S
Requested: 28/07/2023 Collected: 08/08/2023 Reported: 09/08/2023 17:06

CUMULATIVE SERUM PROTEIN EPP

Date 08/08/23
Time 10:05
Lab No 72867648

T.Prot.	63	g/L (60-82)
Alb.	42	g/L (35-50)
Alpha 1	2	g/L (1-4)
Alpha 2	7	g/L (6-10)
Beta 1	3	g/L (3-5)
Beta 2	3	g/L (2-5)
Gamma	7	g/L (7-15)

72867648

No abnormal discrete bands were detected on immunofixation.

Clinical Notes : pots ,tinnitus , chest pain anc cognitive declin++

Tests Completed:UR IMMUNOFIXATION PROTEIN, SE IFE, SE IMMUNOGLOBULINS, FBC, SE E/LFT
Tests Completed:UR BJP, SE FREE LIGHT CHAINS, SE EPP
Tests Pending :

SAVESK, ROMEN
6/114 BARR SMITH AVENUE, BONYTHON. 2905
Phone: 0409460373
Birthdate: 06/01/1987 Sex: M Medicare Number: 26466439261
Your Reference: 2023MB0008614 Lab Reference: 2023MB0008614-1
Laboratory: Mermaid Beach Radiology
Addressee: Dr. MELISSA MCCANN Referred by: Dr. MELISSA MCCANN

Name of Test: CT Head Neck Chest w Contrast
Requested: 08/08/2023 Collected: 08/08/2023 Reported: 09/08/2023 16:07

Clinical notes: ""

Mr ROMEN SAVESK
6/114 BARR SMITH AVENUE BONYTHON ACT 2905
Ref: 2023MB0008614-1
Addressee: Dr. MELISSA MCCANN
Requested: 8/08/2023 9:35 AM
Reported: 9/08/2023 4:07 PM
CT Head Neck Chest w Contrast

DOB: 6/01/1987
Sex: Male
Mermaid Beach Radiology
Referrer: Dr. MELISSA MCCAI
Collected: 8/08/2023 10:56 AM

CT HEAD/ NECK/ CHEST/ ABDOMEN/ PELVIS

History: Tinnitus. POTS. Cognitive decline. Brain fog. Chest pain.
Imbalance. mRNA vaccine.

Technique: Anatomically contiguous single phase quad-bolus IV contrast
enhanced polychromatic SPECTRAL CT reconstructed with monoE40 photon.

Study Dose: 1645 mGy*cm, normal reference dose 2270 mGy*cm = 28% dose
saving.

Contrast Volume: 80 ml, industry standard 100-120 ml.

Comparative Study: Nil.

Findings:

Brain:

Extraaxial Spaces: Normal.

Intracranial Haemorrhage: None.

Ventricular System: Normal for age.

Basal Cisterns: Normal.

Cerebral Parenchyma: Normal.

Midline Shift: Nil.

Cerebellum: Normal.

Brainstem: Normal.

Calvarium: Normal.

Vascular System: Normal.

Paranasal Sinuses/ Mastoid Air Cells: Clear.

Visualised Orbits: Normal.

Sella: Normal.

Temporal Bones: Normal configuration of the auditory apparatus.

Neck:

Neck Space Mass Lesion: Nil.

Airway Narrowing/ Midline Shift: Nil

Thyroid: Normal.

Lymph Nodes: Nil by size criteria.

Salivary Glands: Normal and symmetrical.

Major Neck Vessels: There is moderate compression of the proximal ICA vessels between the stylomastoid and C1 transverse process. Dominant right vertebral artery. No vascular compression of the subclavian artery/vein at the thoracic outlet in the scanned position.

Chest:

Lungs: Clear.

Lung Nodules: Nil.

Pleura: Normal.

Mediastinum: Normal.

Heart: Normal.

Great Vessels: No PE, aortic dissection/ aneurysm.

Coronary Artery Calcification: Nil obvious.

Lymph Nodes: Nil by size criteria.

Hiatus Hernia: Nil.

Abdomen/ Pelvis:

Liver: Normal.

Liver Nodules: Nil.

Adrenals: There is prominent calcification seen in the right adrenal gland possibly in keeping with previous stress/haemorrhagic event. Left adrenal gland defines normally.

Kidneys: Normal.

Spleen: Normal.

Pancreas: Normal.

Gallbladder: No stones or features of cholecystitis.

CBD: Not distended.

Portal Vein: Normal calibre.

Small Bowel: Normal.

Large Bowel: Mild faecal loading.

Bladder: Normal.

Pelvic Viscera: Normal.

Free Fluid: Nil.

Free Gas: Nil.

Omentum: Normal.

Mesentery: Normal.

Lymph Nodes: Nil by size criteria.

Groins: No inguinal or femoral hernia.

Vasculature: No acute vasculopathy.

Skeleton:

No osteoblastic or osteolytic lesions. No pathological fractures.

Conclusion:

There is moderate compression of the proximal IJV vessels between the styloid and C1 transverse process.

Dominant right vertebral artery.
Prominent calcification seen in the right adrenal gland possibly in keeping with previous stress/haemorrhagic event.
Mild faecal loading.

Recommendations/ Follow on Imaging:

Nil.

Thank-you Dr McCann for referring Mr Romen Savesk to Mermaid Beach Radiology.

Please see additional patient information below

Click here for BP Lava version and above: [Radiology Images](#)

Click here for BP Summit version and below: [Radiology Images](#)

Report Author: Zane Sheriff Service Provider: Mermaid Beach Radiology

MBR

SAVESK, ROMEN
Phone: 0409460373
Birthdate: 06/01/1987 Sex: M Medicare Number: 26466439261
Your Reference: 3664489 Lab Reference: 3664489
Laboratory: Mermaid Molecular Imaging
Addressee: DR MELISSA MCCANN Referred by: DR MELISSA MCCANN

Name of Test: CT PERFORMED WITH SPECT; BONE STUDY WHOLE BODY + TOMO (OS395)
Requested: 28/07/2023 Collected: 08/08/2023 Reported: 09/08/2023 14:33

This report is for: Dr M. McCann
Referred By:
Dr M. McCann

WBBS SPECT/CT 08/08/2023 Reference: 3664489

NUCLEAR MEDICINE CARDIAC AMYLOID SCAN

CLINICAL HISTORY:

POTS. Chest pain, severe fatigue and exertional dyspnoea. ?Cardiac amyloidosis.

TECHNIQUE:

Following the administration of 894 MBq of Tc99m HDP, delayed whole body sleep with SPECT/CT of the thorax was performed.

FINDINGS:

On the delayed phase images and SPECT/CT, there is no abnormal activity localising to the myocardium.

Elsewhere, there is no significant degenerative uptake or abnormal osteoblastic activity. Tracer distribution is essentially within normal physiologic limits.

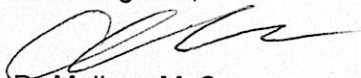
Low dose CT reviewed. No coronary artery calcification. The lungs and pleural spaces are clear. There is high density in the region of the right adrenal gland which may be due to prior medical intervention.

COMMENT:

No scintigraphic evidence of cardiac amyloidosis. Perugini grade 0.

Dr Yi-Tung Huang

Kind Regards,



Dr Melissa McCann
BPharm, MBBS, FRACGP, Grad Cert of Allergy
410813TX

cc
Dr Dana Slape
Dr Amed Khan
Dr S Zhai