Witness: Tina Edraki

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Called by: People (prosecution)

Phase: Guilt

Examinations: Direct – David Harris; Cross – Mark Geragos; Redirect – David Harris; Recross – Mark Geragos

Day 1 of 1 for this witness

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Direct Examination by David Harris

EDRAKI: My name is Doctor Tina Edraki. T-i-n-a. E-d-r-a-k-i.

HARRIS: You started off with doctor, so let's go through that a little bit. Can you tell us what type of doctor you are?

EDRAKI: I'm a medical doctor, and I practice OB-GYN. Obstetrics and gynecology.

HARRIS: Give the jury a little bit about your background about your MD, where you went to school.

EDRAKI: Sure. I went to college or undergrad at Northwestern University in Chicago. That was from 1981 to 1985. Then I did my medical training at University of Iowa in Iowa City, Iowa. And that was from 1985 to 1989. And then I did my specialty training in obstetrics and gynecology, which is four years. In the first two years in Brooklyn, New York. Last two years were at Kaiser, Santa Clara. That was 1989 to 93.

HARRIS: Since the time that you left Kaiser in Santa Clara, did you move to Modesto and go to work with a practice in Modesto?

EDRAKI: No. Actually when I left Kaiser I was in private practice here in Menlo Park at the Menlo Medical Clinic from 1993 until 1997. And then I was on faculty at Stanford University for a year from 1997 to 1998. And then moved to Modesto in 1998, where I'm practicing currently.

HARRIS: And where you are practicing currently, what is the name of that particular medical group?

EDRAKI: Our medical group is Hera, H-e-r-a, OB-GYN Medical Group.

HARRIS: Are you the only doctor there?

EDRAKI: No. There is four of us. So we're all four OB-GYNs. And we're in a partnership.

HARRIS: I want to talk to you about that particular partnership. Your practice there in Modesto and Hera Medical Group, as part of your practice, did you come to know a patient by the name of Laci Peterson?

EDRAKI: Yes, I did.

HARRIS: I want to be through that a little bit. The jury has heard some of this stuff just a little bit more. When a patient comes in, is it the standard practice of your, custom of your practice to set up a medical file for them?

EDRAKI: Yes, it is.

HARRIS: Is the medical file set up by the nursing staff?

EDRAKI: Yes, it is.

HARRIS: And you are familiar with the documents and the paperwork that's filled out?

EDRAKI: Yes.

HARRIS: And do you use those particular documents?

EDRAKI: Yes, we do.

HARRIS: And in the medical profession, this might sound somewhat simplistic, but do you kind of rely on those charts?

EDRAKI: Yes, we do.

HARRIS: And is that what those medical records are referred to in the medical field is charts?

EDRAKI: Yes.

HARRIS: Show you what's been previously marked as People's Number 54. Take a second to look at that if you would. Have you had a chance to look at that?

EDRAKI: Yes.

HARRIS: Do you recognize that particular document as being copies from Laci Peterson's medical chart?

EDRAKI: No.

JUDGE: You identified as 54. That's a missing persons report.

HARRIS: I'm sorry, I grabbed the wrong one.

EDRAKI: I just don't recognize it.

HARRIS: Probably explains why you don't recognize it. It should be 56.

JUDGE: I think you want to see maybe 56.

HARRIS: Tell you what, we'll do it a different way. Like to have marked next in order copy of the file.

JUDGE: All right, 63. That's the medical file of Laci Peterson, is that what it is?

HARRIS: Yes.

HARRIS: Doctor, while counsel is looking at that, this morning, prior to testifying, did I give you a chance to look at the chart so that you could look at it to determine it was the copy of Laci Peterson's file?

EDRAKI: Yes, you did.

HARRIS: All right.

GERAGOS: This is the one you showed,

HARRIS: Yes.

HARRIS: Give you the whole chart so I don't get the numbers wrong. Look at number 63.

EDRAKI: Okay.

HARRIS: Do you recognize, that's the chart that you were looking at this morning?

EDRAKI: Yes.

HARRIS: And you have turned to a particular section. Is there a section that's entitled notes on the tab, and progress notes on the page?

EDRAKI: Yes.

HARRIS: Give counsel a second to look at that. Doctor, what you are looking at, those progress notes, are those part of this chart, that's this medical file that's kept for every single patient?

EDRAKI: Yes. If they are pregnant, this is the notes for a pregnant patient, yes.

HARRIS: And when the pregnant patient is pregnant, they come in, that particular chart is set up, and it's filled out by the nurses like we're talking about?

EDRAKI: Exactly.

HARRIS: So as a patient comes in, as they progress through their pregnancy, are additional notes made on there?

EDRAKI: Yes. Every visit that they come in.

HARRIS: Those notes are made at or about the time that the patient is there?

EDRAKI: They are made on the exact date that the patient is there or calls the office.

HARRIS: Since it deals with the medical chart, do you try and keep them as accurate last possible?

EDRAKI: Yes, we do.

HARRIS: And do you use those records in the regular course of your business?

EDRAKI: Yes, we do.

HARRIS: And you have looked at that chart before, and that appears to be a correct copy of the original that you have with your business?

EDRAKI: Yes, this is.

HARRIS: Okay. Going through this particular chart now, do you recognize any handwriting on there that's yours?

EDRAKI: Yes.

HARRIS: And would that indicate that you had some personal contacts with Laci Peterson?

EDRAKI: Yes, it does.

HARRIS: All right. And I want to go specifically to the first, what appears to be the first notation that was written by you. That would be around August 20th of 2002?

EDRAKI: Correct.

HARRIS: Did Miss Peterson come in for a visit to see you at that point in time?

EDRAKI: Yes, she did.

HARRIS: Just to back up so we're all clear about that. August 20th was not her first visit as part of this pregnancy, was it?

EDRAKI: No.

HARRIS: Had she seen other doctors in the practice prior to that point?

EDRAKI: She had not seen doctors, but her first visit was with a Nurse Practitioner.

HARRIS: And as part of your first visit with her, or try this again. As part of the routine that you had with pregnant women that came through your practice, at some point in time would they be given an ultrasound or some kind of machine examination of the fetus to determine the size of

the fetus?

EDRAKI: Yes.

HARRIS: And what time is it set up with your office to try and do that?

EDRAKI: We try to do that at the first visit, and usually we do. At the very first visit that they have with either the Nurse Practitioner or the doctor. She was first in the office July 11th. When the nurses see her, they take their history, give them their lab slips to gets their labs done their prenatal vitamins, and any instructions. Then the next appointment is set up with either the doctor or the Nurse Practitioner. And at that visit she will get an ultrasound to determine the dates, and if they are accurate, you know, where you figure her due date.

HARRIS: Does it appear that Miss Peterson went through that process and was given an appointment to come in for the ultrasound?

EDRAKI: Yes.

HARRIS: And did she have her first ultrasound?

EDRAKI: Yes. That was on July 16th.

HARRIS: And was that with a doctor?

EDRAKI: That was with a Nurse Practitioner.

HARRIS: All right. Was, as part of the practice, is it set up for the subsequent or follow-up ultrasound?

EDRAKI: There is another ultrasound that's done at 20 weeks, around 19 to 21 weeks is a second ultrasound that's, for anatomy, making sure that the baby looks okay.

HARRIS: And was that done according to the medical record?

EDRAKI: On September 21st, yes.

HARRIS: And who was that done by?

EDRAKI: Doctor Yip.

HARRIS: And you did not perform that ultrasound on either of those occasions?

EDRAKI: No, I did not.

HARRIS: Let's just talk about what you did, your contacts with Miss Peterson.

EDRAKI: Okay.

HARRIS: You indicated that she came in on the 20th of August, is that correct?

EDRAKI: Correct.

HARRIS: And tell us about that.

EDRAKI: Okay. She came in on August 20th for a routine appointment. She was 15 weeks and one day pregnant by her dates, and by the ultrasound that had been done. And routinely, at that time, we give them a lab slip for an AFP, so we had done that. We ask them if they are doing okay. She had some concerns. At that time she was feeling pressure in her lower abdomen or in the pelvic region, and she had other concerns, because she had had a prior surgery done on her cervix. Would you like me to elaborate on all of that?

HARRIS: Was Miss Peterson expressing a concern about being able to keep this child because of that?

EDRAKI: Correct.

HARRIS: And did you discuss it with her?

EDRAKI: Yes, I did.

HARRIS: Did you, in a sense, reassure her that she should be okay?

EDRAKI: Yeah. After evaluating her and doing, I did do an ultrasound at that appointment, but it wasn't for dating the fetus. It was determining whether her cervix was strong enough to keep the pregnancy.

HARRIS: From what your examination revealed, did she and the baby appear to be fine on the 20th?

EDRAKI: Yes.

HARRIS: Okay. And did you prescribe something for her, some kind of follow-up at that point in time?

EDRAKI: Yes. At that time we routinely tell them come back in five weeks, and that would be their twenty week ultrasound for the anatomy of the baby, or basically to check the baby out.

HARRIS: That's what you are referring to Doctor Yip had done, that ultrasound?

EDRAKI: Exactly.

HARRIS: Did you have further contact with her by phone call later on during her pregnancy?

EDRAKI: Yes. Seems her, twice she had called when I had answered the phone; once on September 16th, and then again on November 6th.

HARRIS: Talking about the November 6th, when you, did you talk to Miss Peterson?

EDRAKI: According to the record, yes.

HARRIS: And what was the conversation about?

EDRAKI: She had called concerned about symptoms she was having when she walked. And these were symptoms of dizziness or lightheadedness. And according to my note, she was taking twenty minute walks, and when she walked she experienced these symptoms. And it happened two times, once on that day, and once the week prior. My recommendation at that time was either to not exercise because she was having those symptoms, or to exercise later in the day when she may have, you know, been more hydrated, or had eaten.

HARRIS: Let me, using number 56 so that you can have that put this up on the board. Can you see here where it's indicated the November 6 date. That's what you are referring to?

EDRAKI: Yes, I am.

HARRIS: And I don't want to make this sound bad, but is that written by a doctor?

EDRAKI: That note?

HARRIS: Yes.

EDRAKI: Yes. It's written by me.

HARRIS: And we can go through this so we can understand what's written up there. Starts on the left, it says 11-6, phone. And it indicates looks like there is a PH,

EDRAKI: PT.

HARRIS: PT. Patient calls. And there is a symbol there?

EDRAKI: "With".

HARRIS: And then there is word. I'll let you explain what that is.

EDRAKI: Vasovagal episode, which basically means lightheadedness and dizziness, as if you are going to faint.

HARRIS: Then there is something next to the vasovagal episodes.

EDRAKI: Last week walking twenty, that says times twenty minutes, close parentheses, last week, WK is week. Then again this week; then, parentheses, today, and then the next line.

HARRIS: And going through the next line?

EDRAKI: PT is patient walks in a.m. then the symbol is for after breakfast. And then it's a REC, recommend patient not exercise. If she does, to do it later in the day.

HARRIS: Okay. So from what you are describing about this phone call that you had with Miss Peterson, you make notes kind of contemporaneous with this phone call in the medical file?

EDRAKI: Exactly.

HARRIS: Miss Peterson was telling you about this dizzy vasovagal episode while she was walking, and you are nodding your head. For the report, that would be?

EDRAKI: Yes.

HARRIS: Okay. So she's calling you on the 6th. She said it happened to her on the 6th and in the previous week?

EDRAKI: Correct.

HARRIS: And your recommendation to her was to not to walk, or not to exercise any more?

EDRAKI: Correct.

HARRIS: Did Miss Peterson call back again?

EDRAKI: According to the record she did on November 8th, two days later.

HARRIS: And does she have the same complaint at that point in time?

EDRAKI: It appears so. From the note it says CO, complains, and then SOB is short necessary of breath, with walking. And then the next part of that is denies sin syncope. Syncope is basically when you pass out. We call it syncope. So she wasn't complaining that she had passed out or blacked out. And self-care measures. And then it goes down to discussed the DIS. That's Cheryl Smith's signature, our Nurse Practitioner.

HARRIS: I was going to ask you who she was.

EDRAKI: Yeah.

HARRIS: After the 6th and the 8th phone calls, did Miss Peterson come in shortly thereafter for another doctor's visit?

EDRAKI: Yes.

HARRIS: And that looks like in the next entry would be November 25th?

EDRAKI: Correct.

HARRIS: Does it appear that she had any complaints at that point in time?

EDRAKI: It says that she did complain of swelling in the hands. And I don't know if that's ankles.

HARRIS: Is that another doctor's handwriting?

EDRAKI: That is Doctor Tow's.

HARRIS: Small handwriting?

EDRAKI: Very small.

HARRIS: People have no other questions.

Cross Examination by Mark Geragos

GERAGOS: When you, good morning.

EDRAKI: Good morning.

GERAGOS: When you saw Laci on August 27th, was that the only time you saw her?

EDRAKI: Yes.

GERAGOS: So the entries that are here on the medical reports up the board, this is your writing right here?

EDRAKI: Yes.

GERAGOS: Okay. Everything else that you were telling us, let's see. Is this your writing here also?

EDRAKI: I'm not sure which one you are pointing,

GERAGOS: Looks like a 6?

EDRAKI: November 6. That's my handwriting.

GERAGOS: Okay. And so here you recommended patient either not exercise, or if she does, do it later in the day, correct?

EDRAKI: Correct.

GERAGOS: She tell you what time that she was exercising at that point?

EDRAKI: I wrote she walked in the morning after she eats breakfast.

GERAGOS: Do you know what time that was?

EDRAKI: No.

GERAGOS: Okay. And you had told her not to exercise, and two days later you got a call and it says shortness of breath while walking. What does that indicate to you? She didn't listen to the "don't exercise" part?

EDRAKI: Right.

GERAGOS: And she was, looks like talked to somebody, you said was Yip, Doctor Yip?

EDRAKI: No. That November 8th is Cheryl Smith, the Nurse Practitioner.

GERAGOS: Okay. How about on the 25th?

EDRAKI: That's Doctor Tow.

GERAGOS: Okay. And saying discussed, what is that, weight gain?

EDRAKI: Yes.

GERAGOS: Okay. Now, when she came in on August 20th, she was with Scott Peterson, correct?

EDRAKI: I remember that, yes.

GERAGOS: Okay. And you recalled both Laci and Scott coming in together?

EDRAKI: Yes.

GERAGOS: And at that point, let's see, you saw her, Scott was at the appointment. You don't recall any statements or attitudes displayed by him, correct?

EDRAKI: Correct.

GERAGOS: Okay. And he did not stick out in your mind in any way negatively, correct?

EDRAKI: Correct.

GERAGOS: Okay. There were no problems with that visit, correct?

EDRAKI: Correct.

GERAGOS: Nothing unusual about the pregnancy, out of the ordinary at that point?

EDRAKI: No.

GERAGOS: And you determined the pregnancy to be very normal?

EDRAKI: Yes.

GERAGOS: Okay. You recalled Laci as being very cheerful and desired the pregnancy, correct?

EDRAKI: Correct.

GERAGOS: And you assumed Scott was the same; is that correct?

HARRIS: Objection. Calls for an assumption.

JUDGE: That's what she said.

GERAGOS: That's what you said, right, to the officer? You were interviewed by an officer at some point, looks like?

EDRAKI: Correct.

GERAGOS: Some time in January of 03?

EDRAKI: He never verbalized anything, but I assumed.

GERAGOS: Okay. And he was a typical father that was seen in the office?

EDRAKI: Correct.

GERAGOS: And you would have remembered anything, if you would have remembered anything negative, you would have made a note in the file. There were no notes in the file, correct?

EDRAKI: Correct.

GERAGOS: And the ultrasound that you did on August 20th, I'm going to borrow the pointer, because it's easier for me to –

JUDGE: What happened to the laser light?

GERAGOS: They have got it. I hate to borrow it.

DISTASO: They can borrow it.

JUDGE: They will let you borrow it if you want to.

GERAGOS: Here you got two ultrasound exams. And I thought when you referred before when you are talking to Mr. Harris, you were saying that this was on the 21st. Was that incorrect? Was it really on the 24th of,

EDRAKI: Yeah, correct, that's the 24th.

GERAGOS: The 24th. On the 24th, the estimated gestational age was what?

EDRAKI: According to the ultrasound, are you asking me? Or according to her date?

GERAGOS: Right here.

EDRAKI: 19 weeks and two-sevenths.

GERAGOS: 19 weeks, two days?

EDRAKI: Correct. Two days, correct.

GERAGOS: And that's the fetal heart rate?

EDRAKI: Yes.

GERAGOS: 154. Is this a reason why the ultrasound exam on the 24th up here, which is says 19 weeks two days, and down here we have got on this entry, which I think the reason you thought it was a one, is that it looks like the portion where the four is, is crossed over on the two; is that correct?

EDRAKI: Yes.

GERAGOS: And does that appear to be 20 weeks, one day?

EDRAKI: Correct.

GERAGOS: Okay. Is that based on, one of the other people from your office was in here, said you have some kind of wheel of fortune that you dial in order to get an age?

EDRAKI: The first way that we determine the gestation age or the due date is from the last, first day of the last menstrual period. And so the first day of her last menstrual period was May 6th. So the due date came out to February 10th. And that wheel is for gestational age up to forty weeks. It determines when your due date is, and where you are in your pregnancy at different times. So when Doctor Yip wrote 20 weeks and one day, he was using the due date of February 10th. The first ultrasound, as you can see on July 16th, also gives us a due date of February 10th.

GERAGOS: That's this one?

EDRAKI: Right.

GERAGOS: Right here?

EDRAKI: Exactly. The reason we do that is they are accurate, this is the most accurate is far as ultrasound and dating, they come within five days of error. So if that corresponds to her due date, then basically that's the due date that we use.

GERAGOS: That, I was going to ask you that specifically. Is that the, what you referred to as a ten week ultrasound, that July 16th?

EDRAKI: Exactly.

GERAGOS: And there is a reason why you do it at ten weeks, correct?

EDRAKI: For accuracy, correct.

GERAGOS: For accuracy purposes?

EDRAKI: Correct.

GERAGOS: Isn't that correct? The most accurate ultrasound is one that's done at ten weeks?

EDRAKI: First trimester, correct.

GERAGOS: And what's the reason for that, do you know?

EDRAKI: The reason for why it's the most accurate?

GERAGOS: Why is it the most accurate as opposed to the ultrasound that's done later?

EDRAKI: Could be because the fetus is smaller, so the error in the millimeters is less. But the accuracy is within five days.

GERAGOS: And then this is a, that 9-24 is a, what's presumably a 20 week ultrasound?

EDRAKI: Correct.

GERAGOS: And you do that, you have a set pattern that you follow in the OB-GYN's office; isn't that correct?

EDRAKI: Exactly.

GERAGOS: One of the first things you want to do, you want to get an ultrasound 10 weeks, because the literature shows that that's the most accurate, correct?

EDRAKI: Correct.

GERAGOS: Then you want to do it again at 20 weeks; isn't that correct?

EDRAKI: Correct.

GERAGOS: And the reason for that?

EDRAKI: It's an anatomy scan to make sure that all the baby parts are normal: The heart, the kidneys, the brain, the spine. We look at all of that. But at that time they also can date the pregnancy. That ultrasound has an error of plus or minus ten days.

GERAGOS: That's the one that's right here, the 19,

EDRAKI: It was done September 24th, correct. 19 and two-sevenths.

GERAGOS: And the one, is there a, so far we have got a July 16th date for an ultrasound, 10 weeks, and then one day, correct?

EDRAKI: Correct.

GERAGOS: We have got you on the 20th of August doing an ultrasound, correct?

EDRAKI: Correct.

GERAGOS: And did you date the fetus at that point?

EDRAKI: No, I did not.

GERAGOS: Okay. And then you, the 20 week ultrasound on 9-24, and the ultrasound itself, shows the estimated gestational age at 19 weeks two days, correct?

EDRAKI: Correct.

GERAGOS: Just going to replow this ground the one more time.

EDRAKI: Okay.

GERAGOS: The 24th down on the chart itself, where you have got 20 weeks, that's based on the wheel.

EDRAKI: Correct.

GERAGOS: So that's,

EDRAKI: Based on the dates.

GERAGOS: Based on the,

EDRAKI: Last menstrual period, and the first ultrasound.

GERAGOS: So that the difference here between the 24th of 19 weeks two days, and the 24th, 20 weeks one day is, here you are using the wheel, and here you are using the ultrasound?

EDRAKI: Correct.

GERAGOS: And when you are using the wheel, that's based upon when the patient tells you the last menstrual period,

EDRAKI: The first day of the last menstrual period.

GERAGOS: Right. Now, do you have any notations, or would you be able to get even more precise if you knew that the patient was doing early pregnancy test, or doing home pregnancy tests?

EDRAKI: Yes.

GERAGOS: Okay. Why is that?

EDRAKI: If we know when she got pregnant, now, are you talking about a home pregnancy test?

GERAGOS: That's correct. If you had one. I apologize, I forget her name. Somebody from your staff came in and said that hose entries on the 11th she typed in.

EDRAKI: Correct.

GERAGOS: And that, I guess, part of the policy there is that either another physician has to take, or give them a positive, or they have got to get a positive at home?

EDRAKI: Correct. Before they can make an appointment.

GERAGOS: You don't want just anybody coming in off the street, unless they have got some indication that they are pregnant, correct?

EDRAKI: Correct.

GERAGOS: On the 11th, based upon the testimony we have on there, it appears that she must have been doing a home pregnancy test, because if it had been a physician referral, you would have notated it?

EDRAKI: Correct.

GERAGOS: Okay. So if you had a home pregnancy test, that determined, or if somebody was doing, there is also an ovulation --

EDRAKI: Right.

GERAGOS:, device that will determine when you are ovulating, correct?

EDRAKI: Yes.

GERAGOS: If that's the case, and you can determine when you got pregnant, you would be able to be more precise?

EDRAKI: If we knew when the patient got pregnant, now, pregnancy test is different, because a pregnancy test doesn't become positive until you have a missed period. You are already pregnant either two or three or five weeks. You can have a positive pregnancy test several months later if you are still pregnant. However, if we know the date of conception, then it's more accurate, and we can put that on the wheel and date it out.

GERAGOS: And you do that if you know when the ovulation was, specifically?

EDRAKI: Correct.

GERAGOS: Specifically. So somebody to the pregnant, where they are trying to get pregnant, they are testing themselves, women do that, do they not, when they try to determine when they are ovulating?

EDRAKI: Yes.

GERAGOS: When you are trying to get pregnant, that's something you do, isn't it?

EDRAKI: Yes.

GERAGOS: And when you do that, if you can pinpoint this was the time you are, that I was ovulating, this is when we had sex, and this is when I determined at least that I got pregnant, that would be even more accurate, wouldn't it?

EDRAKI: Yes.

GERAGOS: Can you tell the jury why that is? Is that just because you know the date?

EDRAKI: Because, according to the last menstrual period, we're assuming that a woman is ovulating two weeks later. So those wheels are made to put the date of conception two weeks

after the last menstrual period. So that's how we're doing it. But if somebody ovulates three or four weeks after their period, then it would be less accurate to use last menstrual period. Then it's better to use the date that she ovulated or conceived.

GERAGOS: And so if I understand you correctly, this wheel assumes that everybody ovulates two weeks afterwards?

EDRAKI: Correct.

GERAGOS: And we know that that's not the case. That's just an assumption to give us a due date, correct?

EDRAKI: Correct.

GERAGOS: We know that women ovulate anywhere from one week after to four weeks after, roughly?

EDRAKI: Three weeks. Depends on their cycle length. Depends on that.

GERAGOS: The wheel itself is kind of a rough approximation, just based on the assumption that the ovulation took place two weeks later?

EDRAKI: Correct. And that's why we do the first trimester ultrasound to see if that due date is accurate. And, in this case, the first trimester ultrasound came up with the same due date as her dates.

GERAGOS: So that's one of the reasons why they always do what you hope is a ten week ultrasound?

EDRAKI: Correct.

GERAGOS: Okay. Because you are hoping that the wheel at least is accurate, and ultrasound is there as a backup?

EDRAKI: Correct.

GERAGOS: Thank you. I have no further questions.

Redirect Examination by David Harris

HARRIS: Doctor, just going through this, you are being asked some hypothetical questions there.

EDRAKI: Correct.

HARRIS: From looking at your chart, is there anything in there that indicates that Miss Peterson said here is the date that I got pregnant?

EDRAKI: No.

HARRIS: In fact, on the chart, you are looking at the exhibit in front of you, the page two of the progress report that's being shown up on the screen, which is People's Number 56, that has where one of your nurses talked to her and took her information about her last menstrual period?

EDRAKI: Correct.

HARRIS: And asked how long it lasted?

EDRAKI: On page two, yes.

HARRIS: Flow, whether it was normal or abnormal?

EDRAKI: Yes.

HARRIS: And so the, from looking at the medical file, it appears that Miss Peterson was going based on what you were talking about that last menstrual period?

EDRAKI: Correct.

HARRIS: And as you explained, that's only as accurate as the assumption that she's kind of going through the natural or normal cycle like that wheel predicts?

EDRAKI: Correct.

HARRIS: So when counsel was asking you about these ultrasounds, just so we're clear about this, was the ultrasound, the second one that we're talking about, that was done by Doctor Yip, was that done on September 21st or September 24th?

EDRAKI: It appeared to be September 24th.

HARRIS: And as counsel did indicate two notations. There is one that is the estimated gestation. Doctor Yip has written there 19, and looks like two-seven?

EDRAKI: Correct.

HARRIS: And then there is the one that's lower down, that's the gestational age is a part of the flow chart?

EDRAKI: Yes.

HARRIS: And is that written by the doctor, or is that written by the medical staff?

EDRAKI: The twenty and one weeks is written by the doctor.

HARRIS: All right. The one going down looking at the lower part of the flow chart, the second column, where first it says date and the gestational age, that's filled out by the doctors?

EDRAKI: I'm sorry, can you say that again? The date or the gestational age?

HARRIS: Gestational age. Let me just –

EDRAKI: Gestational age is written by the doctor.

HARRIS: So this, not working today.

GERAGOS: That's the reason why I didn't use it.

HARRIS: The gestational age in the second column we're looking at,

EDRAKI: Second column, that's written by the doctor.

HARRIS: That's written in by the doctor. Now, going through, going through this here, where we have the ultrasound right there on September 24th, it's written at 20 plus one, or 20 weeks and one day?

EDRAKI: Yes.

HARRIS: Then the next doctors visit is written 25-0?

EDRAKI: Yes.

HARRIS: We come down to 11-25, it's just 28. There is no days?

EDRAKI: Yes.

HARRIS: 12-23, he's written as 32?

EDRAKI: Yes.

HARRIS: So after that second ultrasound by Doctor Yip, the days were not being calculated into that any more; is that correct?

EDRAKI: Correct.

HARRIS: So the actual, if you were to go through and calculate it for that last entry on 12-23, if we use that gestational age, the wheel that we're talking about, that would have actually been

32-6?

EDRAKI: 32 weeks and six days. And then if you look at her fundal height, where that 33 is, that's when we measure the uterus and that corresponds to her 32 and six, because usually the centimeters go along with how many weeks you are, if you are an average size person, which she was.

HARRIS: All right. People have no other questions.

Recross Examination by Mark Geragos

GERAGOS: See the entry on October 29th?

EDRAKI: Yes, I do.

GERAGOS: Discussed weight gain, slash, exercise?

EDRAKI: Yes.

GERAGOS: Okay. And then November 25th also discussed weight gain?

EDRAKI: Yes.

GERAGOS: Okay. Thank you. I have no further questions.