Exhibit 4

From: Padmanabhan, Bharanidharan
Sent: Friday, May 09, 2008 5:38 PM
To: Glick, Thomas
Cc: Bor, David; Shipton, Linda
Subject: Radiology troubles

Dear Dr. Glick,

Last week I presented to you the case of young [redacted], a supposedly ultra-rare case of someone with both HIV and MS. This week Linda Shipton and I have identified another.

Again there was an ungodly fight with radiology to get the sagittal FLAIRs done. Dr. Yogita Patel paged Linda and refused to do it. Linda passed her on to me. Dr. Patel paged me and said in no uncertain terms that the brain had already been scanned and that Radiologists had read it as nonspecific and there was "no need" to do the sagittal sequence. I had to be extremely firm and against my usual practice told her I was convinced the patient had MS and that per standard published protocols a sagittal sequence was mandatory. Dr. Patel said she would be magnanimous just this once.

Naturally Dr. Shipton's opinion on all this may also be sought.

Given that the diagnosis was thus known to radiology beforehand, it is totally interesting to see what her official read of the second scan is compared to the **nonspecific** first one! :-))

I have pasted both below.

My read of this poor man's MRI shows SEVERE brain atrophy for someone who is just 41 years old. He also has severe atrophy of his corpus callosum, down to just 1-2mm thick. He has numerous areas of high T2 signal within his callosum, especially in the

frontal horns and the splenium, as well as numerous classic Dawson's fingers.

I attach 7 images from his MRI so you can see them, despite the 'pathetic pixellation'.

From both an ethical and legal standpoint it is totally indefensible to claim that confluent areas were "**again noted**" when the first report undeniably takes pains to emphasise the scattered distribution of nonspecific spots and that the brain was **otherwise normal**.

I must say the second report is the first time I have seen 'involvement of the undersurface of the corpus callosum, thinning of the body and more prominent involvement of the splenium' noted in any official radiology report here at CHA, as well as the term "multiple sclerosis" as opposed to demyelination.

Clearly radiologists at CHA do indeed know exactly what to write when the diagnosis is presented beforehand.

And to top it all, "**clinical correlation is recommended**" !!!!!!!!!!!!!

Sigh.....

And who knows....perhaps MS + HIV are not super-rare after all. Linda and I shall certainly keep our eyes peeled and shall evaluate the scans ourselves.
:-)
Bharani

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Report 1
Patient Name: [redacted]
DOB: [redacted]
ID: [redacted]

Study Date: **April-25-2008 14:07**
Exam: MRI Brain without contrast
Clinical Indication NEW ONSET PSYCHOSIS

Technique: Standard department imaging protocol of the brain was performed without intravenous contrast. No comparison exam is available.

Findings: **Scattered areas** of T2 hyperintensity are noted in the central white matter, **but these are non-specific. Otherwise, the signal intensity of the brain parenchyma appears normal throughout**, with no evidence for hemorrhage, mass, infarct, or midline shift. **Mild atrophy** is noted . The major arterial and venous flow voids appear normal. The visualized portions of the mastoids, orbits, and calvarium appear unremarkable. Minimal sphenoid sinusitis changes are noted.

Summary: Non-specific white matter changes. The differential includes **idiopathic white matter demyelination**, **small vessel chronic disease**, and post infection.

Signed by: **Fay, Thomas** Signed on: **April-25-2008 15:18**

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Report 2

Exam Date: 05/08/08
Exam Status: Signed
Exam: MRI BRAIN NON CONTRAST
Reason for Exam: SAGITAL FLAIR OF INTIRE BRAIN, EDGE TO EDGE\H\
History: Followup to brain MRI done on 4/25/2008, for sagittal FLAIR sequence.
Findings: Sagittal T1 and sagittal FLAIR sequences are obtained. MRI from 4/25/2008 is reviewed. As described on prior MRI of 4/25/2008, and moderate T2 hyperintensity is seen in the periventricular and central white matter which is mostly confluent, including high signal emanating from the septal callosal interface. There is thinning of the body of the corpus callosum with involvement of the undersurface, and more prominent involvement of the splenium.

Impression: Limited study done as followup imaging with only sagittal T1 and sagittal FLAIR sequences performed. **Again seen is moderate white matter T2 hyperintensity which is mostly confluent**, involving the septal callosal interface

and corpus callosum as described above. **Multiple sclerosis** is in the differential diagnosis and clinical correlation is recommended.

Dictated By: YOGITA K PATEL MD Reviewed and Electronically Signed By: YOGITA K PATEL, MD

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From: Glick, Thomas
Sent: Monday, May 12, 2008 4:05 PM
To: Padmanabhan, Bharanidharan
Subject: RE: Radiology troubles

Hi Bharani, however frustrating, you're doing good work and making a difference. Now you have a smoking gun, nicely documented. I think we need to set up a meeting with Carol Hulka and Stephan Auerbach. Let me know some general times that would be good for you (?Wednesday afternoons) and I'll suggest a meeting at such time with Carol and Stephan. How does this sound to you? Thanks, Tom