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Attorney for Petitioner
Laura Owens

MARICOPA COUNTY SUPERIOR COURT

STATE OF ARIZONA

In Re Matter of: **LAURA OWENS,** **Petitioner,** **And** **CLAYTON ECHARD,** **Respondent.**	Case No: FC2023-052114 **PETITIONER'S EXPERT DISCLOSURE STATEMENT** **(Assigned to Hon. Julie Mata)**

Pursuant to Ariz. R. Fam. L.P. 49(j) Petitioner Laura Owens discloses the following information regarding expert witnesses.

1. **Dr. Michael T. Medchill, M.D.**; [redacted] Cape Coral, FL, 33914; [redacted]

   a. Dr. Medchill is a recently-retired OB/GYN who has provided an expert report on the subjects of obstetrics and gynecology as applied to his review of certain medical records in this matter. Dr. Medchill is being compensated at the rate of $500/hr. for his services including records review and trial testimony (if needed). To date, Dr. Medchill has been paid a total of $2,500.00.

b. Dr. Medchill's *curriculum vitae* reflecting his qualifications and publications is attached hereto as Exhibit A.

c. The substance and facts of Dr. Medchill's opinions are contained in a written report attached hereto as Exhibit B.

d. The materials reviewed by Dr. Medchill in forming the grounds for his opinion are attached hereto as Exhibit C.

e. The reference materials cited in Dr. Medchill's report are attached hereto as Exhibit D.

DATED April 22, 2024.

GINGRAS LAW OFFICE, PLLC

David S. Gingras
Attorney for Petitioner
Laura Owens

Original emailed April 22, 2024 to:

Gregg R. Woodnick, Esq.
Isabel Ranney, Esq.
Woodnick Law, PLLC
1747 E. Morten Avenue, Suite 505
Phoenix, AZ 85020
Attorneys for Respondent

Exhibit A

Michael Tom Medchill M.D.

[redacted]

Cape Coral, FL 33914

EDUCATION

Undergraduate:

1969-- Associate Arts (A.A) Chemistry

Mesa Community College

1972-- Bachelor Arts (B.A.) Biology

Mankato State University

Magna Cum Laude

Graduate:

1974-- Master Arts (M.A.) Microbiology

Mankato State University

1974-76--PhD Candidate Immunology/Microbiology

University of Arizona

Medical School:

1985-- Doctor of Medicine (M.D.)

Medical College of Wisconsin

Internship:

1986--Maricopa Medical Center

Residency:

1989--Phoenix Integrated Residency in OB/GYN

PROFESSIONAL EXPERIENCE

1989-1992 Group Practice Marshfield Clinic

Helped develop the Laproscopic Cholecystectomy program – Chippewa Falls

Started Gynecologic Laser program at Marshfield Clinic—Chippewa Falls

1992-2001 Faculty – Medical Director Department of Reproductive Medicine

Phoenix Integrated Residency in OB/GYN

1995-2001 Medical Director MOMobile

One of the Founders of the MOMobile

2001-2018 Private Practice – Phoenix, AZ

Helped develop the Cord Blood Banking Program at St Joseph Hospital

HOSPITAL MEMBERSHIP

St. Joseph Hospital – Chippewa Falls, WI

Chairman Dept. of OB/GYN 90-92

Active Staff 1989-1992

St. Joseph Hospital—Marshfield, WI

Active Staff 1989-1992

Luther Hospital—Eau Claire, WI

Active Staff 1989-1992

Victory Memorial Hospital – Stanley, WI

Active Staff 1989-1992

St. Joseph Hospital – Phoenix, AZ

Chairman Dept of OB/GYN 2000-2003

Vice Chairman Dept of OB/GYN 1998-2000, 2004-2005

Active Staff 1992-2018

Maricopa Medical Center—Phoenix, AZ

Active Staff 192-1994

Banner Good Samaritan Hospital--Phoenix, AZ

Active Staff 2004-2018

LICENSURES and BOARD CERTIFICATIONS

1989-2015 State of Wisconsin Medical License

1992-2022 State of Arizona Medical License

1985 National Board of Medical Examiners

1991-2019 American Board of Obstetrics and Gynecology

HONORS AND AWARDS

2000-- TOP DOCS –Phoenix Magazine

1998--Philosophy in Action Award --St Joseph Hospital

1997--TOP DOCS –Phoenix Magazine

1997-- Philosophy in Action Award --St Joseph Hospital

1996--St. Joseph Hospital OB/GYN Teacher of the Year

1994--St. Joseph Hospital OB/GYN Teacher of the Year

1993--University of Arizona Deans Teaching Scholar

1974--Mankato State University Biology Student of the Year

PROFESSIONAL SOCIETIES

1991-2010--American College of Obstetrics and Gynecology

1994-2008-- Phoenix Obstetrical and Gynecological Society

Vice President 1998-1999

President 2000-2001

1999-2011-- Pacific Coast Obstetrical and Gynecological Society

Caucus Chairman and Board of Directors 2005

PUBLICATIONS

Identification and Partial Characterization of Hemaglutinins in the Wax Moth Galleria mellonella. **Michael T. Medchill**, Master's Thesis on File at Mankato State University Library 1974

Diagnosis and Management of Tuberculosis during Pregnancy **M.T. Medchill** and M. Gillum. Obstetrical and Gynecological Survey 44: 81-84, 1989

inv(12) (p11.2q13) in an Endometrial Polyp. T. Walter, S.X.Fan, **M.T. Medchill**, C.S. Berger, H.H. Decker and A.A. Sandberg. Cancer, Genetics Cytogen 41: 99-103, 1989

Cesarean Section Prophylaxis: A Comparison of Cefamandole and Cefazolin by both the IV and Lavage Routes, and the risk factors Associated with Endometritis. C.M. Peterson, **M.T. Medchill**, D.S. Gordon, H.L. Chard. Obstetrics and Gynecology 75: 179-182, 1990

Cytogenetic Findings in Nine Leiomyomas of the Uterus. S.X. Fan, C. Sreekantaiah, C.S.Berger, **M.T. Medchill**, S. Pedron, A. A. Sandberg. Cancer, Genetics, Cytogenetics 47: 179-189, 1990

Prediction of Estimated Fetal Weight in Extremely Low Birthweight Neonates (500-1000 grams). **M.T. Medchill**, C.M. Peterson, C. Krenic, J. Garbaciak. Obstetrics and Gynecology 78: 286-90, 1991

Cluster of Trisomy 12 tumors of the female genitourinary tract. M. Kiechle-Schwartz, A. Pfleidereer, C. Sreekantaiah, C.S. Berger, **M.T. Medchill**, A.A. Sandberg. Cancer Genetics Cytogenetics 54(2): 273-5, 1991

Nonrandom Cytogenetic Changes in Leiomyomas of the Female Genitourinary Tract. A Report of 35 Cases. M. Kiechle-Schwartz, C. Sreekantaiah, C.S. Berger, S. Pedron, **M.T. Medchill**, U. Surti, A.A. Sandberg. Cancer, Genetics Cytogenetics 53(1): 125-136, 1991

Diagnosis and Treatment of Giardiasis in Pregnancy. **Michael Medchill**. Clinical Advances in the treatment of Infection. 5(6): 6-7, 1991

B-Lactamase Mediated Antibiotic Resistance. **Michael T. Medchill**. Clinical Advances in the Treatment of Infection. 6(6): 4-5, 1992

Aspects and Treatment of Episiotomy Infections. **Michael T. Medchill**. Clinical Advances in the Treatment of Infection. 6(5): 13-16, 1992

Cytogenetic Studies in Endometriosis Tissue. A. Dangel, **M.T. Medchill**, G. Davis, A. Meloni, A.A. Sandberg. Cancer, Genetics Cytogenetics 78(2): 172-4, 1994

Changes in mRNA and Protein Levels of the Cyclin Dependent Kinase Inhibitor p27KIP, During the Growth and Development of Adult and Cord Blood Human Hematopoietic Progenitor Cells. X. Ruiline, E. Firpo, **M. Medchill**, Jo-Anna Reems. Experimental Hematology 1998

Prenatal. Purified Protein Derivative Skin Testing in a Teaching Clinic with a Large Hispanic Population. **M.T. Medchill**. Am J Obstet Gynecol. 1999 Jun; 180(6): 1579-1983

Cord blood cells that retain a CD34+phenotype after ex vivo expansion have reduced engraftment potential relative to unmanipulated CD34+cells. R. Xu, **M Medchill**, Y. Chang, Jo-Anna Reems. Experimental Hematology 27.

Serum Supplement, Inoculum Cell Density and Accessory Cell Effects are Dependent upon the Cytokine Combination Selected to Expand Human Hematopoietic Cells ex vivo. R. Xu, **M. Medchill**, J.A. Reams. Transfusion 2000 Nov; 40(11):1299-307

Exhibit B

1. Did Ms. Owenshave good reason to believe she was pregnant on August 1, 2023?

   Intimacy of some type occurred on 5/20/23

   A faint positive urine HCG was noted on 5/31/23. Home pregnancy tests are usually positive by 14 days after conception. Depending on the quality of the test, a little sooner. The fact that the test was faintly positive at 11 days shows good correlation. With a twin pregnancy, HCG levels may rise a little faster and be detectable by a urine pregnancy test (UPT) a little sooner. These tests are approximately 99% accurate. (How Early Can You Detect Pregnancy? (clevelandclinic.org)

   She had a positive urine HCG at Banner Clinic on 6/1/2023. Therefore, she had a medically performed test which collaborated her home pregnancy test.

   On 7/23/23, she passed "two small fleshy objects" vaginally. This may have been just some blood and cervical mucus. It may have been one fetus passing. It may have been two fetuses passing.Pathology testing was not done on the material, so a precise answer is not possible.

   Having passed some material Ms. Owens logically would want to know if she was still pregnant. She did two more pregnancy tests on 7/25/23 and 8/1/2023. Both were positive. A reasonable person without more sophisticated testing (ultrasound)would reasonably think that not only was she proven to be pregnant on 5/31 and 6/1 but that she was still pregnant on 8/1/2023.

   The fact that her quantitative HCG was still 102 (positive) on 10/16/2023, documents that a pregnancy did exist on 5 different occasions. A quantitative HCG indicates not only if one is pregnant but how pregnant. A level of 102, this far into pregnancy would indicate that there was a pregnancy at some point in time but it was no longer viable or living. In fact, it would indicate that it had been nonviable for some time.

   Early pregnancy loss is defined as a nonviable, intrauterine pregnancy with either an empty gestational sac or a gestational sac containing an embryo or fetus without fetal cardiac activity within the first 13 weeks of gestation. With expectant management, 80% of early pregnancy losses will achieve complete expulsion within 8 weeks. Early Pregnancy Loss | ACOG(Number 200, November 2018). So, with early pregnancy losses, HCG levels do not return to "negative" for weeks and weeks.In fact, 20% don't resolve within 8 weeks. Dependingon how early the pregnancy loss occurred will determine if there is significant bleeding or not. In some early losses, the fetus/es and placenta/s get resorbed by the body with little or no bleeding at all. Small pieces of retained placenta attached to

the uterine wall will continue to produce small amounts of HCG until the tissue is expelled (bleeding) or resorbed.

The continued HCG levels would result in the patient "feeling pregnant". Additionally, Ms. Owens is known to have Polycystic Ovarian syndrome (PCOS) which may result in ovarian cysts, weight gain, breast tenderness and commonly bloating.However, PCOS does not cause false positive pregnancy tests. PCOS and Bloating — PCOS Awareness Association (pcosaa.org)

On 11/14/2023 Ms. Owens HCG was negative. Clearly, Ms. Owens was pregnant, consistent with a conception date of 5/20/2023. She no longer had a viable pregnancy at some point. When the pregnancy became nonviable is impossible to determine but we know it happened before 10/16/2023.On that date, she had an HCG of only 102 when she would have been 21 weeks from conception.She was informed that this meant she probably had a nonviable pregnancy.

2. Ms. Owens quantitative HCG of 102 on 10/16/2023, along with her multiple nonquantitative urine tests would indicate to any reasonable person, that she was pregnant. Coupled with the negative HCG test on 11/14, indicatesthat she was initially pregnant, followed by a typical pattern for an early spontaneous abortion (miscarriage) and once all the HCG producing tissue had been resorbed, the HCG returned to "negative".

3. Is the HCG verifiable medical evidence of pregnancy? In general, yes. With a certainty of greater than 99%.

    a. In rare situations, HCG may be elevated in patients with germ cell tumors. Clearly, we are not dealing with that.
    b. In other rare cases, HCG can be elevated following a pregnancy and a subsequent trophoblastic tumor. Again, we are not dealing with that in this situation.
    c. Approximately 1% false positive rate. The causes of these include user error (incorrect use of the test -evaporation lines) and use of an expired test. The likelihood of a false positive test on 5 separate occasionsmakes this possibility incredibly unlikely. Some medications have been implicated in giving false positive HCG tests.She was on the same types of medicationswhen her five HCG tests were positive and when the HCG was negative. Additionally, her HCG pattern followed a typical HCG pattern in which there was an early fetal loss followed by weeks and weeks of time passing before complete expulsion or resorption which was documented on 11/14/2023 with a negative test.

4. How reliable and accurate are home urine pregnancy tests. Approximately 99%. (How Early Can You Detect Pregnancy? (clevelandclinic.org)

5. Would it be reasonable for Ms. Owens to assume she was pregnant based on the type of sexual contact she had and the lab test results she received? Yes. There was not a description of the foreplay and there was disputed testimony about the after play.It is well known that men are "like basketball players-they dribble before they shoot" which is why the withdrawal method has a muchhigher failure rate than most other methods of birth control. They also dribble after they shoot, so if he did put his penis in or near her vagina after orgasm, she could still get pregnant. The odds of getting pregnant obviously go down if semen is released just outside of the vagina but it is still possible. In fact, I had one patient who was clearly pregnant (ultrasound confirmed), she absolutely denied intercourse, denied even ever using tamponsand stated that she was a virgin. I have heard that story many times. In this case, however, I was shocked at the time of her exam to see that her hymen was intact! That alone would be remarkable enough to remember her but her name was Maria and her due date was within a day or two of Christmas.

6. Is there any information in the records which are inconsistent with Ms. Owens being pregnant?
   No. She was clearly pregnant with 99+% certainty based on five HCGs (from both urine and blood). What we are not able to determine from the data is the exact time at which her pregnancy became nonviable.

7. The timing of the SAB/miscarriage. Data are consistent that Ms. Owens did indeed get pregnanton 5/20/2023. Sometimes, the SAB is completed with heavy bleeding and passage of tissue. In these cases, the timing of the SAB is relatively precise. In other cases, the SAB is incomplete. The fetus dies or stops developing but there may or may not be bleeding for weeks. A completed SAB is when everything is expelled or reabsorbed. When this happens, the HCG will return to negative.

   In Ms. Owens case,the miscarriage or completed SAB was not technically completed until 11/14/2023 when everything was resorbed and her HCG was negative.

   So, even though Ms. Owens felt pregnant and the HCGs were positive, unbeknownst to her, the process had started many weeks earlier. The exact timing is unable to be determined by the data available. Abnormal pregnancies frequently have a slower growth rate than normal fetuses and frequently are small for gestational age (SGA) before they expire. So, for example a 9-week fetus may only measure about the size of a 7-8 week size fetus which is about the size of a kidney bean.A 7-week size fetus is just a little bigger than ½ inch. Fetuses this size may simply get resorbed by the body or expelled with little blood loss.

It is possible that she passed one or both fetuses on 7/23/2023. Even if she did pass both, she still felt pregnant because of the positive HCG (pregnancy hormone) and possible PCOS symptoms which can cause weight gain, breast tenderness and bloating. This was confirmed in her mind by her continuing positive pregnancy tests, weight gain and protruding abdomen shown on pictures she took on 9/19/23 and 10/9/23.

Finally, it is illogical to think she would request the Ravgen test in August and have it performed in late September if she didn't think she was pregnant.Ravgen is a noninvasive prenatal test (NIPT) on maternal blood that detects fetal DNA.Based on the fact that this was likely an early pregnancy loss (before 12 weeks), the fetus/es expired before the Ravgen test. Therefore, it's not a surprise that the test was inconclusive and showed "little to no fetal DNA in late September".

8. Ms. Owens is not required to file a death certificate. In Arizona, a death certificate is required if the gestational age, at the time of fetal death, occurs after 20 weeks estimated gestational age or weighs more than 350 grams (about ¾ pound). Clearly, the fetal death was before 20 weeks. As I have pointed out the fetal death occurred before 12 weeksand likely several weeks earlier.

Exhibit C

GINGRAS LAW OFFICE, PLLC

[redacted], [redacted] Tel: [redacted]

April 16, 2024

Dr. Michael T. Medchill
[redacted]
Cape Coral, FL 33914

Re: *Record Review & Expert Report*
Laura Owens & Clayton Echard;
Maricopa County Superior Court Case No. FC2023-052114

Dr. Medchill,

Thank you for agreeing to review the enclosed information regarding my client, Laura Owens. As discussed, Laura has agreed to pay $500/hr. for your professional services in reviewing the enclosed records and answering some questions which will require you to offer an expert opinion in the area of obstetrics/gynecology.

As we discussed, Laura is aware you have retired from active practice and that your Arizona medical license is no longer current. Per the Arizona Medical Board website, it appears your most recent license expired on March 7, 2022, just over two years ago.

Your retirement does not preclude you from serving as an expert witness in this matter. If anything, your long career as an OB/GYN means you have even more experience and expertise in the areas we need help understanding. This makes your input that much more valuable. As such, both Laura and I greatly appreciate you taking the time to help.

To make this process as easy as possible, this letter will summarize the facts of the case and will ask you to express opinions about a few things. While the underlying story of this case is complicated, the basic issue we need your help with is very simple — Ms. Owens claims she became pregnant on May 20, 2023, and that her pregnancy later ended in miscarriage. The would-be father disputes this. He claims she "faked" the whole thing and that she was never pregnant at all.

The goal here is to try and help the Court determine the truth – did Ms. Owens knowingly lie about her pregnancy, or did she file this action in good faith believing that she was pregnant? Due to the unusual posture of the case (i.e., Ms. Owens admits she is no longer pregnant), it probably does not matter whether Ms. Owens was ever *actually* pregnant. Instead, the Court is being asking to impose monetary sanctions on Ms. Owens for filing a frivolous case. In that situation, the key issue is *whether she had any good faith basis to think she was pregnant*, even if that belief later turned out to be wrong.

I. BACKGROUND

To recap the situation, Laura is currently involved in a pending paternity case in Maricopa County (which she filed, as the petitioner). Attached is an affidavit from Laura that explains the basic facts and details of her story. Included with the affidavit are various medical records to support her story.

For purposes of clarity — Laura's affidavit does *not* cover every single aspect of the dispute between her and the father. As a matter of necessity and brevity, we have tried to only provide you with the key facts and details that bear on the questions we need your help understanding.

Laura claims that on May 20, 2023 she had a brief (one night) sexual relationship with the putative father, Clayton Echard. Laura claims she and Mr. Echard had sex (briefly) and that she tested positive for pregnancy 11 days later.

Ms. Owens claims she tried to speak with Mr. Echard about the matter, but he was extremely hostile and dismissive. He encouraged her to terminate the pregnancy, and he denied that he could be the father because he claims he did not actually have intercourse with Ms. Owens.

Ms. Owens explored the option of abortion, but ultimately decided not to terminate the pregnancy. After making that decision, she filed the paternity action against Mr. Echard on August 1, 2023. That date is important because one of the key questions here is whether Laura had a good faith basis to *think* she was pregnant at the time the action was first filed. As long as Laura had a good faith basis to think she was pregnant, she should not face sanctions even if that belief was later proven to be incorrect.

Under the law, people are generally allowed to bring cases without being 100% certain about the facts. A good faith mistake would typically not be sufficient grounds for a court to impose sanctions against a person in Ms. Owens' position. So, while it would be helpful to know whether Ms. Owens was *actually* pregnant on August 1, 2023, the Court will also be looking at what she *believed* on that date, even if later events proved her belief was incorrect.

II. SUMMARY OF FATHER'S POSITION

As indicated in Laura's affidavit, the putative father, Clayton Echard, claims it is impossible for him to be the father of Laura's child, assuming she was ever pregnant. Mr. Echard claims this is impossible because he says he and Laura never had sexual intercourse. He also suggested Laura may have tried to "trap" him by transferring his semen from her mouth (following oral sex) to her vagina. Laura denies doing this.

Whether sexual intercourse did or did not occur is a disputed fact which you do not need to resolve. For the purposes of this review, you may simply assume the question of sexual intercourse is disputed and will be resolved by the Court at a later time.

Also, it is probably worth noting Clayton's attorney has made various arguments in support of his request for sanctions. These arguments are *probably* not directly relevant to your task, but they may be helpful for context.

If you are interested in seeing those arguments, I have included a copy of a pleading entitled "Motion for Sanctions Pursuant to Rule 26" filed by Mr. Echard in the case on January 3, 2024.

In this motion, Mr. Echard's lawyer explains why he thinks Laura lied about being pregnant. The primary arguments seem to be:

- HCG tests are not "verifiable medical evidence of pregnancy"
- The Ravgen tests suggested "little to no fetal DNA was found", implying that no fetal DNA was ever present
- Clayton claims Laura wore a "fake moon bump" prosthetic during a video court appearance (Laura flatly denies this and she has provided photos showing her body during the dates in question which are included here)

Incidentally, the Motion for Sanctions is no longer pending; it was withdraw for reasons that are not relevant to your task.

III. QUESTIONS FOR EXPERT EVALUTION

As you may recall from other matters, the rules of procedure generally require expert testimony to include certain specific things showing the expert is qualified to express an opinion on a given subject. In particular, Rule 49(j) of the Arizona Rules of Family Law Procedure requires the following:

> **(j) Disclosure of Expert Witnesses**. Each party must disclose the name, address and telephone number of any person the party expects to call as an expert witness at trial. The party also must disclose the subject matter on which the expert will testify, **the substance of the facts and opinions on which the expert will testify, a summary of the grounds for each opinion, the expert's qualifications**, and the name and address of any custodian of reports the expert prepared

With that rule in mind, here are the specific questions we would like you to address in a short written report for the Court (the report should also include a summary of your qualifications, as outlined in the paragraph above):

1.) Based on your review of Ms. Owens' medical records and her affidavit explaining the facts and details of her interaction with Mr. Echard in May 2023, is there a reasonable probability Ms. Owens was, in fact, pregnant at or around the time she filed the paternity action on August 1, 2023?

2.) Keeping in mind that on August 1, 2023, Ms. Owens did not know what her HCG levels would be 10 weeks later in mid-October 2023, does the fact that Ms. Owens had a lab test on October 16, 2023 which showed HCG levels of 104 demonstrate that Ms. Owens was *never* pregnant?

3.) Mr. Echard has taken the position that an HCG test is not "verifiable medical evidence of pregnancy". Do you agree or disagree with this statement?

4.) How reliable and/or accurate are at home pregnancy tests? If a woman takes a test and receives a positive result, does that provide a reasonable basis for the woman to believe that she might be pregnant?

5.) In your opinion, if a woman engaged in sexual activity of the sort described in Ms. Owens' affidavit, and she had a positive home pregnancy test 11 days later, followed by a positive pregnancy test administered by a reputable health care facility such as Banner Health 12 days later, followed by another positive home pregnancy test a month after the sexual contact, followed by another positive home pregnancy test five weeks after the sexual contact, would it be reasonable for that woman to conclude she was probably pregnant?

6.) Do the medical records attached to Ms. Owens' affidavit contain any indication that she was *not* pregnant in or around August 2023? In other words, is there any information or evidence in the records which is clearly *inconsistent* with Ms. Owens being pregnant during this time period?

7.) **IMPORTANT NOTE**—Laura's belief has always been that she became pregnant on May 20, 2023 during the encounter with Mr. Echard, and that she miscarried some time after mid-October 2023. That belief was based on the numerous positive pregnancy tests she took between May 31 and October 16. If the miscarriage occurred after or around mid-October, this would be around 21 weeks' gestation. At that stage, it is my understanding the fetus would be approximately 10 inches in length, and a stillbirth or miscarriage would be obvious to the mother — she would clearly see an identifiable

fetus. But Laura has always maintained that she did not experience any obvious miscarriage signs after mid-October, nor did she ever see a discharged fetus. This odd situation has caused Clayton's lawyer to question whether Laura was ever pregnant at all…simply because parts of the story do not make sense (such as the lack of an obvious, well-developed fetus, the low HCG levels on the October 16 test, and the finding from Ravgen in last September/early October that "little to no fetal DNA was present).

This leads to a very important final question — is it possible that Laura may have unknowingly miscarried on July 23, 2023, but continued to test positive for pregnancy several weeks afterwards? Again, her last positive pregnancy test was on October 16, 2023 which showed an HCG level of 104. Based on that, Laura previously believed her pregnancy may have continued all the way into October, but after viewing all the facts together, it appears her belief might have been mistaken. It seems entirely plausible that a miscarriage occurred on July 23, but Laura was unaware of this until months later.

One of the other reasons Mr. Echard's lawyer asserts the entire pregnancy was fake is because Laura claims she continued to show physical signs of pregnancy including a heavily swollen abdomen in September and October 2023. Mr. Echard's lawyer contends if Laura was still pregnant in that time period and had a miscarriage around 21-22 weeks, there MUST have been an obvious dead fetus and Laura should have been required to file a death certificate.

Thus, the question is **whether it is possible Laura miscarried on July 23, 2023, did not realize it, and that her swollen abdomen was simply a result of post-miscarriage inflammation or something similar**? This would explain why she did not pass a large ~10 inch stillborn fetus after mid-October, because the fetus was passed on July 23 when she was less than 8 weeks pregnant.

Any insight you can offer into this would be greatly appreciated.

When addressing these questions, please keep in mind expert testimony may be excluded if it fails to meet the "reliability" requirements of Rule 702 of the Rules of Evidence and case law interpreting those rules such as *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579 (1993). In general, the Court will be interested in evaluating your opinions based on the following five factors:

(1) whether the expert's theory or technique can be or has been tested;

(2) whether the theory or technique has been subjected to peer review and publication;
(3) whether the technique or theory is generally accepted within the relevant scientific community;
(4) the known or potential rate of error of the technique or theory when applied; and
(5) the existence and maintenance of standards controlling application of the technique.

State ex rel. Montgomery v. Miller, 234 Ariz. 289, 299 (App. 2014)

Of course, this does not mean you need to provide any lengthy peer-reviewed analysis to support your answers. But if you are aware of any studies or publications which support your opinions, it would be helpful if you could cite them where applicable.

As I mentioned before, our trial in this matter is set for June 10, 2024, and the court has ordered both sides to complete their disclosures (including expert disclosures) no later than 30 days prior to trial; i.e., by May 10, 2024.

Of course, if you have any questions or would like any other information about Ms. Owens, Mr. Echard, or the case, please do not hesitate to ask and I will be happy to provide you with anything I can. My cell number is (480) 570-6157 and I am available to speak with you at any time.

Very Truly Yours,

David S. Gingras, Esq.

cc: Client

P.S. After this package of information was finalized, Laura realized that we failed to mention one additional detail—Laura states around 2014, she was diagnosed with PCOS—polycystic ovary syndrome. Laura indicates that she has received care related to that condition, and attached on the follow pages are reports from a pelvic CT scan done by Southwest Medical Imaging in June 2022 – about one year prior to the events which give rise to this case. Laura indicates she has had problems with ovarian cysts from time to time, as this report appears confirm.

Laura is not sure what impact the PCOS had, if any, on her pregnancy in this case, but she wanted to mention this just in case you found it relevant.

SMIL
SOUTHWEST MEDICAL IMAGING

← **CT** PELVIS WITHOUT CONTRAST

Report

Patient	Accé	Exam done on	Referred by
LAURA OWENS	[redacted]	June 7, 2022	REILLY, REBECCA

CT PELVIS WITHOUT CONTRAST

HISTORY: Abdominal distention and concern for inguinal hernia

COMPARISON: Ultrasound dated 05/09/2022

TECHNIQUE: No contrast. Coronal and sagittal reformations.

FINDINGS:

No body wall hernias are identified. No inguinal lymphadenopathy is seen.

Moderate to large amounts of stool are seen throughout visualized colon. The rectum is mostly decompressed. No free fluid is identified.

Uterus is present. Bilateral ovarian cysts and follicles are seen with some complex heterogeneous components in the left ovary measuring up to 5.1 cm.

No acute osseous findings.

IMPRESSION:

No inguinal abnormalities or hernia is identified.

Increased colonic stool burden of the pelvis.

Bilateral ovarian follicles with some complexity within the left ovary, likely partially hemorrhagic. No routine follow-up is recommended.

SMIL
SOUTHWEST MEDICAL IMAGING

Southwest Medical Imaging LTD
9700 N. 91st Street
Suite B104
Scottsdale, AZ 85258
www.asmil.com

Patient Name:	OWENS, LAURA	**Accession Number:**	[redacted]
Patient ID:	[redacted]	**Requested Date:**	June 7, 2022 14:15
Gender:	[redacted]	**Report Status:**	Final
Date of Birth:	[redacted]	**Requested Procedure:**	1
Home Phone:	[redacted]	**Procedure Description:**	CT PELVIS WITHOUT CONTRAST
		Modality:	CT
Referring Physician:	REILLY, REBECCA		
Organization:	MTV		

Findings

Reporting MD:	ALLEN, JARED
Dictation Time:	June 7, 2022 15:20
Transcriptionist:	Not available
Transcription Date:	

CT PELVIS WITHOUT CONTRAST

HISTORY: Abdominal distention and concern for inguinal hernia

COMPARISON: Ultrasound dated 05/09/2022

TECHNIQUE: No contrast. Coronal and sagittal reformations.

FINDINGS:

No body wall hernias are identified. No inguinal lymphadenopathy is seen.

Moderate to large amounts of stool are seen throughout visualized colon. The rectum is mostly decompressed. No free fluid is identified.

Uterus is present. Bilateral ovarian cysts and follicles are seen with some complex heterogeneous components in the left ovary measuring up to 5.1 cm.

No acute osseous findings.

IMPRESSION:

No inguinal abnormalities or hernia is identified.

Increased colonic stool burden of the pelvis.

Bilateral ovarian follicles with some complexity within the left ovary, likely partially hemorrhagic. No routine follow-up is recommended.

Relevant Clinical Information

Patient given discharge information