

Transcript of Troy L. Thornton, Volume 2  
Conducted on February 19, 2026

1 (147 to 150)

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<p>1 UNITED STATES PATENT AND TRADEMARK OFFICE 2 BEFORE THE PATENT TRIAL AND APPEAL BOARD 3 4 IMPERATIVE CARE, INC., ) 5 Petitioner, ) 6 VS. ) Case No. IPR2025-01021 7 INARI MEDICAL, INC., ) IPR2025-01025 8 Patent Owner. ) IPR2025-01264 9 -----) 10 11 12 13 14 15 16 VOLUME II 17 IN-PERSON VIDEOTAPED DEPOSITION OF 18 TROY L. THORNTON 19 THURSDAY, FEBRUARY 19, 2026 20 21 22 23 STENOGRAPHIC REPORTER: CHRISTA YAN, CSR NO. 14316, RPR 24 ----- 25</p>	<p>1 INDEX OF EXAMINATIONS 2 PAGE 3 BY MR. HAMILTON 151 4 5 6 --o0o-- 7 8 9 Witness's Changes or Corrections 183 10 Reporter's Certificate 184 11 12 13 14 15 --o0o-- 16 17 E X H I B I T S 18 EXHIBIT MARKED FOR IDENTIFICATION PAGE 19 No Exhibits Marked. 20 21 22 --o0o-- 23 24 25</p>
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<p>1 PERSONAL APPEARANCES: 2 FOR PETITIONER: 3 KNOBBE MARTENS OLSON &amp; BEAR LLP 4 BY: BRIAN BARNES, ATTORNEY-AT-LAW 5 333 Bush Street, 21st Floor 6 San Francisco, California 94104 7 (415) 954-4114 8 joshua.stowell@knobbe.com 9 10 FOR PATENT OWNER: 11 PERKINS COIE LLP 12 BY: JOSEPH HAMILTON, ATTORNEY-AT-LAW 13 1888 Century Park East, Suite 1700 14 Los Angeles, California 90067 15 (310) 788-3271 16 hamilton-ptab@perkinscoie.com 17 18 19 20 21 22 23 24 25</p>	<p>1 BE IT REMEMBERED that on THURSDAY, the 19TH DAY OF 2 FEBRUARY, 2026, at the hour of 9:04 a.m., of said day, at 3 333 Bush Street, 21st Floor, San Francisco, California 4 94104, before me, CHRISTA YAN, a Certified Shorthand 5 Reporter, State of California, personally appeared TROY L. 6 THORNTON, who was examined as a witness in said cause; 7 that said transcript format was prepared in accordance 8 with California Code of Regulations Section 2473. 9 10 11 12 13 14 15 16 17 --o0o-- 18 19 20 21 22 23 24 25</p>

<p style="text-align: right;">151</p> <p>1 THE VIDEOGRAPHER: Here begins Media Number 1 in 2 Part 2 of the videotaped deposition of Troy L. Thornton in 3 the matter of Imperative Care, Inc., versus Inari Medical, 4 Inc., PTAB in the United States Patent and Trademark 5 Office before the Patent Trial and Appeal Board. Case 6 Numbers IPR2025-01021 and 01025 and 01264. 7 Today's date is February 19, 2026. The time on 8 the video monitor is 9:04. The videographer today is 9 Philip Astor representing Planet Depos. This video 10 deposition is taking place at 333 Bush Street, San 11 Francisco, California. 12 Would counsel please voice identify themselves 13 and state whom they represent. 14 MR. HAMILTON: Again, this is Joe, Joseph Hamilton 15 from Perkins Coie representing Patent Owner. 16 MR. BARNES: This is Brian Barnes of Knobbe Martens, 17 and I represent the Petitioner, Imperative Care. 18 THE VIDEOGRAPHER: The court reporter today is Christa 19 Yan representing Planet Depos. The witness will now be 20 sworn. 21 TROY L. THORNTON, 22 the Witness, called on behalf of Patent Owner, being duly 23 sworn to state the truth, the whole truth, and nothing but 24 the truth, testified on oath as follows: 25 EXAMINATION</p>	<p style="text-align: right;">153</p> <p>1 <b>A To help prepare for the deposition.</b> 2 Q Other than a couple of the declarations, did you 3 review any other documents? 4 <b>A No.</b> 5 Q And about how long did you spend reviewing those 6 couple of declarations? 7 <b>A Maybe an hour.</b> 8 Q Did your review of your declarations refresh your 9 recollection of any issue in these matters? 10 <b>A I'm not sure.</b> 11 Q Did you remember anything that you hadn't 12 remembered before reading those declarations last night? 13 <b>A I don't think so.</b> 14 Q Did you review the declarations for any specific 15 issues related to these IPRs? 16 <b>A Not really.</b> 17 Q What do you mean by not really? 18 <b>A No.</b> 19 Q Were there any issues you looked for in 20 particular in the declarations as you reviewed them since 21 our depo yesterday? 22 <b>A I don't think so.</b> 23 Q If a -- if something has a diameter of 5 24 millimeters, are you able to convert that to French size? 25 <b>A Yes.</b></p>
<p style="text-align: right;">152</p> <p>1 BY MR. HAMILTON: 2 Q Good morning, Mr. Thornton. Thank you for coming 3 back. 4 Do you understand you're under oath? 5 <b>A Yes.</b> 6 Q Is there any reason you can't give your full, 7 complete, and truthful testimony today? 8 <b>A No.</b> 9 Q Are you on any medications or have any medical 10 conditions that might prevent you from giving your full, 11 complete, and truthful testimony today? 12 <b>A No.</b> 13 Q Did you communicate with anyone in any way 14 regarding the substance of these matters since yesterday 15 when the depo -- first day of the depo ended? 16 <b>A No.</b> 17 Q Have you reviewed any documents or materials 18 related to these matters since yesterday? 19 <b>A Yes.</b> 20 Q What did you review? 21 <b>A I think a couple of the declarations in question</b> 22 <b>here.</b> 23 Q Do you recall which declarations? 24 <b>A I don't.</b> 25 Q And why did you review those declarations?</p>	<p style="text-align: right;">154</p> <p>1 Q And what's the equivalent French size of 5 2 millimeters diameter? 3 <b>A 15.</b> 4 Q If you could pick up the '580 patent. And just 5 for clarification, this patent is marked Exhibit 1001 in 6 IPR2025-01264. Did you review a declaration related to 7 this patent last night? 8 <b>A I don't remember.</b> 9 Q If you could turn to the second to last page, 43. 10 Specifically, Column 25, line 7. Do you see Claim 1? 11 <b>A Yes.</b> 12 Q Do you know what is meant by clot material within 13 the blood vessel? 14 <b>A Yes.</b> 15 Q And what does that phrase mean? 16 <b>A I think it means the thrombus and the embolus</b> 17 <b>that we've been talking about that relate to these</b> 18 <b>patents.</b> 19 Q You said thrombus and embolus. If the blood 20 vessel is a pulmonary blood vessel, is that a pulmonary 21 embolism? 22 <b>A That's my understanding.</b> 23 Q Does Claim 1 claim a method for intravascular 24 treatment of clot material within a blood vessel? 25 <b>A That's what those lines 7, 8 read, yes.</b></p>

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1 Q And do you understand the method disclosed in  
2 Claim 1?  
3 A **Yes.**  
4 Q To perform this method, what's the first step?  
5 A **Positioning a distal portion of an elongated**  
6 **shaft proximate to the clot material within the blood**  
7 **vessel.**  
8 Q What does that mean, proximate to the clot  
9 material within the blood vessel?  
10 A **I think the term proximate means nearby.**  
11 Q And is the clot material within the blood vessel,  
12 is that the clot material referred to in line 7, from 7 to  
13 8?  
14 A **Yes.**  
15 Q Then what would be the next step in performing  
16 this method?  
17 A **Precharging a vacuum in a pressure source.**  
18 Q What does precharging mean?  
19 A **Creating a vacuum.**  
20 Q What's the pre in precharging?  
21 A **I'm not sure. I think it just means to create a**  
22 **vacuum.**  
23 Q Does the vacuum have to be created before  
24 something else happens in this claim?  
25 MR. BARNES: Object to the form.

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1 THE WITNESS: Well, the method has a next step of  
2 fluidly connecting the pressure source to the elongated  
3 shaft, et cetera. So in a method claim, I believe that  
4 shows the order.  
5 BY MR. HAMILTON:  
6 Q So you understand the vacuum must be precharged  
7 before fluidly connecting the pressure source to the  
8 elongated shaft; is that right?  
9 A **Yeah, I think as it says, precharging a vacuum in**  
10 **a pressure source, the next step.**  
11 THE STENOGRAPHIC REPORTER: I'm sorry, you said fluid  
12 lead?  
13 THE WITNESS: Fluidly, l-y.  
14 THE STENOGRAPHIC REPORTER: Fluidly, thank you.  
15 THE WITNESS: Fluidly connecting the pressure source  
16 to the elongated shaft to apply the precharged vacuum to  
17 the elongated shaft to aspirate the first portion of the  
18 clot material into the elongated shaft.  
19 BY MR. HAMILTON:  
20 Q What does that mean, apply the precharged vacuum  
21 to the elongated shaft?  
22 A **Based on the specification, it means to open a**  
23 **stopcock.**  
24 Q Is there any other way that you can think of to  
25 apply the precharged vacuum to the elongated shaft besides

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1 opening a stopcock?  
2 MR. BARNES: Object to the form.  
3 THE WITNESS: Well, with regard to this patent, this  
4 is how they disclose in the specification fluidly  
5 connecting those components by opening the -- let's see  
6 what term they use.  
7 Looking for the name that they use for Item 310.  
8 It appears to be a stopcock in the figures. Figures...  
9 1A, 1B.  
10 BY MR. HAMILTON:  
11 Q And does that stopcock in the figures allow one  
12 to fluidly connect the pressure source to the elongated  
13 shaft?  
14 A **Yes. When the stopcock is open position, it**  
15 **would connect those two components.**  
16 Q Is Claim 1 limited to a stopcock for fluidly  
17 connecting the pressure source to the elongated shaft?  
18 A **Well, this is a method claim, so they're not**  
19 **necessarily talking about the components. They're talking**  
20 **about the method.**  
21 Q So does that mean Claim 1 is not limited to using  
22 a stopcock for fluidly connecting the pressure source to  
23 the elongated shaft?  
24 A **I'm just saying the specification discusses and**  
25 **shows the stopcocks for that purpose.**

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1 Q So is it fair to say the stopcock is one example  
2 of a component capable of fluidly connecting the pressure  
3 source to the elongated shaft?  
4 A **Sure.**  
5 Q What does fluidly connecting mean?  
6 A **In this case, it means connecting to components**  
7 **or tubes that will allow fluid to transfer between the**  
8 **two.**  
9 Q And by connecting, do you mean physically  
10 connecting?  
11 A **I'm not sure how else it would be connected.**  
12 Q If you look in the next column, Claim 18, third  
13 line, you see the term, Fluidly coupled?  
14 A **Yes.**  
15 Q Does that mean the same thing as fluidly  
16 connected?  
17 A **I interpret them as the same thing, yes.**  
18 Q Is there any difference between fluidly connected  
19 and fluidly coupled?  
20 A **Not that I'm aware of within these patents. I**  
21 **think they use them somewhat interchangeably.**  
22 Q Going back to Claim 1, the next limitation --  
23 well, let me withdraw that.  
24 So after fluidly connecting the pressure source  
25 to the elongated shaft, what's the next thing that happens

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1 to the method?

2 **A Well, within that same segment, it says, To apply**

3 **a precharged vacuum to the elongated shaft to aspirate a**

4 **first portion of the clot material into the elongated**

5 **shaft.**

6 Q And then after aspirating a first portion of the

7 clot material into the elongated shaft, what's the next

8 step?

9 **A Unsealing an attachment member coupled to a**

10 **proximal portion of the elongated shaft.**

11 Q What does that mean, Unsealing an attachment

12 member?

13 **A In this patent, it means opening the hemostatic**

14 **valve.**

15 Q And when you say it means opening the hemostatic

16 valve, you mean opening the hemostatic valve is one

17 example of unsealing the attachment member?

18 MR. BARNES: Objection; mischaracterizes testimony.

19 THE WITNESS: I interpret this to mean unsealing or

20 opening the valve.

21 BY MR. HAMILTON:

22 Q Okay. So unsealing an attachment member in this

23 method happens after aspirating a first portion of the

24 clot material, correct?

25 **A Yes.**

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1 Q And then what's the next step?

2 **A Advancing an interventional device distally**

3 **through the attachment member and the elongated shaft.**

4 Q What does advancing mean in that sentence?

5 **A Pushing forward.**

6 Q And what is an interventional device in that

7 sentence?

8 **A Well, in this patent, the first reference I see**

9 **to interventional device is on page 32 -- I'm sorry, line,**

10 **Column 3, line 51 where it says, The interventional device**

11 **can subsequently be withdrawn from the patient through the**

12 **guide catheter to move clot material captured by the**

13 **interventional device.**

14 **So I don't see any catheter based -- sorry,**

15 **patent-based definition of what they're calling an**

16 **interventional device. But my understanding is that it**

17 **could be basically any device that the physician would**

18 **want to use, choose to use, through the elongated shaft in**

19 **order to treat the clot material.**

20 Q So then advancing an interventional device

21 distally through the attachment member, the attachment

22 member, that's -- would be a hemostasis valve; is that

23 right?

24 **A That's my understanding in this patent.**

25 Q And advancing an international device -- excuse

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1 me, interventional device distally through the attachment

2 member means putting the interventional device through the

3 attachment member; is that right?

4 **A You're inserting the device through the valve of**

5 **the proximal end of the first catheter that's in place.**

6 Q And then do you see the next phrase, Engaging

7 the -- withdraw the question.

8 So after advancing an interventional device

9 distally through the attachment member and the elongated

10 shaft, what's the next step that's performed in this

11 method?

12 **A And engaging the interventional device with a**

13 **second portion of the clot material remaining within the**

14 **blood vessel.**

15 Q Does the method require advancing an

16 interventional device prior to engaging the interventional

17 device with a second portion of the clot material?

18 **A Certainly, the user would be advancing the**

19 **interventional device through the attachment member as it**

20 **says, or hemostasis valve through the elongated shaft in**

21 **order to reach the distal end of the elongated shaft that**

22 **was in place.**

23 Q And one would have to do that prior to engaging

24 the interventional device with a second portion of the

25 clot material as set forth in that claim, correct?

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1 **A Certainly, the user would have to have the**

2 **interventional device exit the first catheter in order to**

3 **engage the clot material.**

4 Q And in order for the user to have the

5 interventional device exit the first catheter, requires

6 advancing an interventional device, correct?

7 **A It says, Advancing an interventional device**

8 **distally through the attachment member and elongated**

9 **device, so yes.**

10 Q Going up to line 16, do you see the phrase,

11 Attachment member coupled to a proximal portion -- sorry,

12 same column, Column 25, line 15. I apologize for not

13 being clear.

14 **A Sorry. Line 15?**

15 Q Yes -- sorry, 16.

16 **A It reads, Unsealing an attachment member coupled**

17 **to a proximal portion of the elongated shaft.**

18 Q What does coupled mean in that phrase?

19 **A I would interpret it to mean attached to.**

20 Q Would it have to be physically attached to?

21 **A Is there an alternative?**

22 Q So that means, yes, it would have to be

23 physically attached to; is that right?

24 **A I can't think of another way to attach two**

25 **components together.**

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1 Q If you could go to Column 26, line 62, you see  
2 Claim 30?  
3 A Yes.  
4 Q Do you understand what's claimed in Claim 30?  
5 A Yes.  
6 Q What does the phrase, Translating the  
7 interventional device relative to the elongated shaft mean  
8 in that claim?  
9 A **I think it can mean advancing or retracting the**  
10 **interventional device, the inner device, relative to the**  
11 **first catheter that was in place, the elongated shaft.**  
12 Q Does translating have a particular meaning in the  
13 field of the '580 patent?  
14 A **I'm not sure if they use the word in the**  
15 **specification. In my experience translating can mean**  
16 **advancing and retracting, which is a pretty common thing**  
17 **to do with -- when using catheters.**  
18 Q If you can go to Column 25, line 49. Do you see  
19 Claim 10?  
20 A Yes.  
21 Q Do you understand what's recited in Claim 10?  
22 A Yes.  
23 Q Does the phrase, Wherein the blood vessel is a  
24 pulmonary blood vessel in Claim 10 mean that the method  
25 being treated is a pulmonary embolism?

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1 MR. BARNES: Object to the form.  
2 THE WITNESS: That's my understanding, that it's a  
3 pulmonary embolism is being treated.  
4 BY MR. HAMILTON:  
5 Q And just to be clear, I had said the method being  
6 treated. I meant the clot being treated is a pulmonary  
7 embolism. Is that correct?  
8 MR. BARNES: Object to the form.  
9 THE WITNESS: Well, Claim 1 talks about treatment of  
10 clot material within a blood vessel. Claim 10 says the  
11 blood vessel is a pulmonary blood vessel. So that would  
12 imply pulmonary embolism is being -- is the method being  
13 used starting with Claim 10.  
14 BY MR. HAMILTON:  
15 Q And by implied, do you mean that means it is a  
16 pulmonary embolism that is being treated in the method of  
17 Claim 10?  
18 A **That's my understanding.**  
19 Q All right. If you could go to the Garrison  
20 reference. Turn to page 18. I'm going to ask a couple of  
21 questions about Figures 29 and 30. If it's helpful,  
22 paragraph 119, I believe, and 120. Excuse me, 119 relates  
23 to those figures. Let me know when you're ready for a  
24 question.  
25 A Okay.

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1 Q Do you understand what's shown in Figures 29 and  
2 30?  
3 A Yes.  
4 Q Do Figures 29 and 30 show a dual lumen catheter?  
5 A Yes. **As paragraph 119 says in another**  
6 **embodiment, shown in Figures 29 and 30, the catheter is a**  
7 **second lumen to maintain guidewire access to facilitate**  
8 **readvancement or exchange of the catheters.**  
9 Q And do you understand why Figures 29 and 30  
10 include a dual lumen as opposed to a single lumen?  
11 A **They're just providing an additional embodiment,**  
12 **a different embodiment, wherein the same catheter can be**  
13 **used to -- well, the guidewire lumen can be used to**  
14 **facilitate exchanging devices without readvancement or**  
15 **exchange of catheters, or recrossing the target anatomy.**  
16 THE STENOGRAPHIC REPORTER: You said guidewire lumen?  
17 THE WITNESS: Guidewire is one word, yeah.  
18 BY MR. HAMILTON:  
19 Q What does recrossing the target anatomy mean?  
20 A **Well, as in most interventional procedures, once**  
21 **you have a guidewire in place to guide the system being**  
22 **advanced, you don't really want to lose guidewire position**  
23 **and have to recross, readvance the guidewire or catheter**  
24 **to the target again. It's just typical interventional**  
25 **cardiology practice.**

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1 Q And why is it typical cardiology practice not to  
2 recross or readvance the guidewire or catheter to the  
3 target area again?  
4 A **I think just efficiency, good practice.**  
5 Q Any other reasons?  
6 A **Not that I can think of.**  
7 Q Are there any reasons when treating an embolism?  
8 MR. BARNES: Object to the form.  
9 BY MR. HAMILTON:  
10 Q That it would be good practice not to recross the  
11 target anatomy?  
12 A **Certainly, there's always a risk of dislodging**  
13 **clot material. So I believe that's a typical technique**  
14 **that physicians use if they're crossing or if they can**  
15 **cross with a guidewire, to leave that guidewire in place.**  
16 Q And what's the consequence -- what are the  
17 consequences of dislodging clot material? Why is that a  
18 bad thing?  
19 MR. BARNES: Object to the form.  
20 THE WITNESS: Well, distal emboli is not a good thing.  
21 Could go to other branches downstream.  
22 BY MR. HAMILTON:  
23 Q So could harm the patient; is that right?  
24 A **Sure.**  
25 Q Could that harm be severe?

<p style="text-align: right;">167</p> <p>1 <b>A Possibly.</b></p> <p>2 Q Could it kill a patient?</p> <p>3 <b>A I don't know.</b></p> <p>4 Q Would the harm be different if one was treating a</p> <p>5 cerebral embolism versus a pulmonary embolism?</p> <p>6 MR. BARNES: Object to the form. Object to the form.</p> <p>7 THE WITNESS: I don't know. I'm not a doctor.</p> <p>8 BY MR. HAMILTON:</p> <p>9 Q What about would the harm be different treating a</p> <p>10 cerebral embolism versus treating a deep vein thrombosis?</p> <p>11 MR. BARNES: Object to the form.</p> <p>12 THE WITNESS: Yeah, I don't know.</p> <p>13 BY MR. HAMILTON:</p> <p>14 Q If you go to paragraph 120 of the Garrison</p> <p>15 reference, so that's the next paragraph after the one you</p> <p>16 were just looking at. Do you see the phrase, Can increase</p> <p>17 in diameter?</p> <p>18 <b>A Yes.</b></p> <p>19 Q Do you understand what that phrase means in that</p> <p>20 sentence?</p> <p>21 <b>A It says, In some instances, it may be desirable</b></p> <p>22 <b>for the catheter to have a distal tip which can increase</b></p> <p>23 <b>in diameter after being positioned at a target treatment</b></p> <p>24 <b>site. For example, to facilitate removal of an occlusion</b></p> <p>25 <b>when an aspiration device is connected to the proximal</b></p>	<p style="text-align: right;">169</p> <p>1 facilitating capture of occlusive material such as</p> <p>2 thrombus.</p> <p>3 BY MR. HAMILTON:</p> <p>4 Q So does that mean it allows a smaller catheter to</p> <p>5 remove a larger clot, is that what that means?</p> <p>6 <b>A It just says, To facilitate capture of occlusive</b></p> <p>7 <b>material. They specifically say though that the -- if it</b></p> <p>8 <b>expands -- but then expands the distal luminal area for</b></p> <p>9 <b>facilitating capture so it's larger lumen at the tip.</b></p> <p>10 Q So does that mean it allows a smaller catheter to</p> <p>11 remove a larger clot?</p> <p>12 <b>A It just says facilitate removal. Capturing</b></p> <p>13 <b>removal.</b></p> <p>14 Q And what does facilitate removal, capture</p> <p>15 removal, what does that mean to a person of skill in the</p> <p>16 art?</p> <p>17 <b>A Facilitate capture of the occlusive material</b></p> <p>18 <b>would mean to make it easier to capture occlusive</b></p> <p>19 <b>material, more effective to capture occlusive material.</b></p> <p>20 Q Would it be easier and more effective to capture</p> <p>21 a larger clot with a larger distal end?</p> <p>22 <b>A Maybe. I'm not sure.</b></p> <p>23 Q If you could turn to paragraph 50 of Garrison.</p> <p>24 Five lines down there is a -- sorry, let me know when</p> <p>25 you're there. Do you see the phrase, Arterial access</p>
<p style="text-align: right;">168</p> <p>1 <b>portion of the catheter.</b></p> <p>2 Q Why would it be desirable for the catheter to</p> <p>3 have a distal tip which can increase in diameter after</p> <p>4 being positioned?</p> <p>5 <b>A As it says, To help facilitate removal of an</b></p> <p>6 <b>occlusion when using aspiration. So larger diameter could</b></p> <p>7 <b>in theory capture more embolic material.</b></p> <p>8 Q When you say capture more, capture more compared</p> <p>9 to the -- to a smaller catheter or the rest of the</p> <p>10 catheter size?</p> <p>11 MR. BARNES: Object to the form.</p> <p>12 THE WITNESS: Compared to not having a funnel-type</p> <p>13 tip. Expandable tip portion, which I don't think they</p> <p>14 show an embodiment of.</p> <p>15 BY MR. HAMILTON:</p> <p>16 Q So just to be clear, so it would capture more</p> <p>17 material compared to the same catheter not having the tip;</p> <p>18 is that right?</p> <p>19 MR. BARNES: Object to the form.</p> <p>20 THE WITNESS: What they say is it would facilitate</p> <p>21 removal of an occlusion using aspiration. So it would</p> <p>22 help remove the thrombotic material. It goes on to say,</p> <p>23 Expandable tip allows the catheter to maintain a small</p> <p>24 profile during tracking of the catheter to the target</p> <p>25 anatomy but then expands to the distal luminal area for</p>	<p style="text-align: right;">170</p> <p>1 device 210?</p> <p>2 <b>A Yes.</b></p> <p>3 Q What is arterial access device 210?</p> <p>4 <b>A It's a catheter that's designed -- it's sized and</b></p> <p>5 <b>shaped to be inserted into the common carotid artery. It</b></p> <p>6 <b>has a port 2015 which provides access to the arterial</b></p> <p>7 <b>access device's internal lumen which is configured for</b></p> <p>8 <b>introducing additional devices into the cerebral</b></p> <p>9 <b>vasculature.</b></p> <p>10 Q Do you see the parenthetical following arterial</p> <p>11 access device 210 sometimes referred to as an arterial</p> <p>12 access sheath?</p> <p>13 <b>A I think they use the terms interchangeably within</b></p> <p>14 <b>this patent. I remember both terms being used for that</b></p> <p>15 <b>component.</b></p> <p>16 Q And what's a sheath in the context of the '580</p> <p>17 patent -- let me rephrase that. What's a sheath in the</p> <p>18 context of treating blood clots with aspiration?</p> <p>19 <b>A Well, depending on the size of the device going</b></p> <p>20 <b>in, the doctor may choose an access sheath to put into the</b></p> <p>21 <b>vessel in order to advance the interventional devices and</b></p> <p>22 <b>treatment catheters.</b></p> <p>23 Q So the access sheath is something that allows an</p> <p>24 operator to insert other devices into the vasculature; is</p> <p>25 that right?</p>

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1 **A That's the general field – in general, in**  
2 **cardiology and cardiovascular procedures, that's how**  
3 **I'm – that's the description I'm giving.**  
4 Q But is that -- is that how that term sheath is  
5 commonly used in the field of cardiology, cardiovascular  
6 procedures?  
7 **A Introducer sheath would be the most common term I**  
8 **would say. It's the most common term that I'm aware of.**  
9 Q And introducer, does that mean that the sheath is  
10 allowed -- allowed -- the sheath is to provide access?  
11 MR. BARNES: Object to the form.  
12 THE WITNESS: In general, introducer sheaths are  
13 providing access into a blood vessel, yes. In Garrison  
14 specifically, what they call the arterial access device or  
15 arterial access sheath 210 -- 2010, is also an aspiration  
16 catheter as it's shown in Figures 33 and 34, where they  
17 are applying a pressure source, vacuum source, in order to  
18 aspirate blood through that sheath.  
19 MR. HAMILTON: We've been going about an hour. Why  
20 don't we take a quick break.  
21 THE VIDEOGRAPHER: We are going off the record at  
22 10:01.  
23 (Recess taken.)  
24 THE VIDEOGRAPHER: We are back on the record at 10:13.  
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1 BY MR. HAMILTON:  
2 Q Do you understand you're still under oath?  
3 **A Yes.**  
4 Q Did you read any documents related to this --  
5 these matters during the break?  
6 **A No.**  
7 Q Did you review any other materials during the  
8 break?  
9 **A No.**  
10 Q Did you communicate with anybody in any way  
11 regarding the subject matter of these cases during the  
12 break?  
13 **A No.**  
14 Q If you could look at the Garrison reference and  
15 turn to page 40, paragraph 47. Let me know when you're  
16 ready for a question.  
17 **A Okay.**  
18 Q You see in the first sentence the phrase,  
19 Relatively short and straight transcatheter access to the  
20 carotid artery in the cerebral vasculature?  
21 **A Yes.**  
22 Q What does that mean relatively short and straight  
23 transcatheter access?  
24 **A As I say later in the paragraph as compared, for**  
25 **example, to a transfemoral approach.**

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1 Q What's the difference between a transcatheter  
2 versus a transfemoral approach?  
3 **A The access site location, the distance that has**  
4 **to be traveled to reach the treatment site in the cerebral**  
5 **vasculature.**  
6 Q Why does it matter, the distance to be traveled  
7 in performing or treating blood clots?  
8 MR. BARNES: Object to the form.  
9 THE WITNESS: I think what they're saying is that it  
10 may be -- they use the term rapid in relatively short  
11 access for introducing the devices. So it may be quicker  
12 and easier in patients to access the cerebral vasculature  
13 from the carotid artery versus from the femoral artery  
14 which was more standard at the time, and I think is still  
15 an approach that's used.  
16 BY MR. HAMILTON:  
17 Q When you say at the time, you mean in 2018?  
18 **A When they wrote this patent in 2015, it looks**  
19 **like.**  
20 Q Was it also more standard in 2018?  
21 **A I don't know.**  
22 Q What would be the advantage of having a  
23 nontortuous pathway when treating a clot in the  
24 vasculature?  
25 **A Well, in the cerebral vasculature, there's**

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1 **frequently lots of tortuosity to navigate so if the**  
2 **approach is closer to that, and you cannot have additional**  
3 **length and tortuosity, as they say, by, you know, from a**  
4 **transfemoral approach, it could make the, as they say,**  
5 **easing the time and difficulty of the procedure.**  
6 Q So easing the time, that means it takes less time  
7 to get to the treatment site; is that right?  
8 **A That's what they say in line – well,**  
9 **paragraph 47, toward the end.**  
10 Q And easing the difficulty, what does that mean?  
11 **A I think what it says, it's easier, less difficult**  
12 **if you have less tortuosity through which to advance your**  
13 **guidewire and treatment catheters.**  
14 Q Does it reduce the risk of any other  
15 complications?  
16 **A Toward the end they say this access route reduces**  
17 **the risk of emboli generation from navigation of diseased,**  
18 **angulated or tortuous aortic arch or carotid artery**  
19 **anatomy.**  
20 Q What does that mean, risk of emboli generation?  
21 **A There are lots of places in the body between the**  
22 **femoral artery and the brain that could have diseased**  
23 **segments that could be disturbed by advancing guidewires**  
24 **and catheters.**  
25 Q What is the consequence of disturbing those

<p>175</p> <p>1 diseased segments by advancing guidewires and catheters? 2 <b>A As they say, there's a risk of emboli generation.</b> 3 Q What is emboli generation? 4 <b>A Creating emboli -- creating's not the right word.</b> 5 <b>Disturbing the diseased segments such that emboli are</b> 6 <b>released and travel with the bloodstream.</b> 7 Q And is -- can emboli generation be harmful to a 8 patient? 9 <b>A Yes.</b> 10 Q Is there any reason one would want to generate 11 emboli during a procedure? 12 <b>A I don't know of any.</b> 13 Q Can emboli generation be severely harmful to a 14 patient? 15 <b>A Yes.</b> 16 Q Is emboli generation, is that the same as distal 17 embolization we discussed earlier today? 18 <b>A Sure. Any emboli that's generated would move</b> 19 <b>with the blood, which is -- in this example you're in the</b> 20 <b>arterial system. So it would go downstream with the blood</b> 21 <b>flow.</b> 22 Q Do you understand what the term blood return 23 means in the context of treating a blood clot via 24 aspiration? 25 <b>A Yes.</b></p>	<p>177</p> <p>1 may be one of them. 2 BY MR. HAMILTON: 3 Q And generally, a larger catheter would result in 4 more blood loss, correct? 5 <b>A It depends how much blood is removed from the</b> 6 <b>patient.</b> 7 Q Would a larger catheter generally remove more 8 blood from a patient during aspiration? 9 MR. BARNES: Object to the form, incomplete 10 hypothetical. 11 THE WITNESS: It depends how long of a period of time 12 they're aspirating, at what level of vacuum would 13 determine the rate of blood loss. 14 BY MR. HAMILTON: 15 Q So the amount of blood loss -- withdraw that. 16 Can the rate of blood loss, so how quickly the 17 blood is lost, also be harmful to a patient? 18 <b>A Sure. If one gets their arm cut off, there's a</b> 19 <b>faster release of blood, and that could be very harmful to</b> 20 <b>the patient. So the rate of loss is certainly important.</b> 21 Q So assuming all things are equal, the exact same 22 amount of blood is lost from a patient, in one instance, 23 the rate of loss is quicker than in another instance, is 24 there a difference in harm to the patient in those two 25 scenarios?</p>
<p>176</p> <p>1 Q What does it mean? 2 <b>A Well, as is shown in Garrison, Laub, and Aklog,</b> 3 <b>they discuss returning filtered blood back to the patient</b> 4 <b>during the aspiration steps.</b> 5 Q So does that mean blood return means returning 6 filtered blood back to the patient during the aspiration 7 steps? 8 <b>A During or after the aspiration steps.</b> 9 Q Why would one want to return blood to a patient 10 during or after the aspiration steps? 11 <b>A To minimize blood loss to the patient.</b> 12 Q And why is it important to minimize blood loss to 13 the patient? 14 <b>A I think it depends on the amount of blood loss,</b> 15 <b>but if the amount of aspirated blood is significant, there</b> 16 <b>could be negative effects on the patient.</b> 17 Q Could it kill the patient? 18 <b>A Depends how much blood is removed from the</b> 19 <b>patient.</b> 20 Q Does the amount of blood loss during aspiration 21 to treat a blood clot depend on the inner diameter of the 22 aspiration catheter? 23 MR. BARNES: Object to the form, incomplete 24 hypothetical. 25 THE WITNESS: Again, depends on many factors. That</p>	<p>178</p> <p>1 <b>A I don't know.</b> 2 MR. BARNES: Object to the form. 3 BY MR. HAMILTON: 4 Q Would it depend on how much blood is lost? 5 MR. BARNES: Object to the form. 6 THE WITNESS: I'm not sure. I haven't considered 7 that. 8 BY MR. HAMILTON: 9 Q Could it depend on where that blood is lost from? 10 MR. BARNES: Object to the form. 11 THE WITNESS: I don't know. I haven't thought about 12 it. 13 BY MR. HAMILTON: 14 Q Is blood return required when treating ischemic 15 stroke? 16 <b>A I don't know that it's required.</b> 17 Q When you say you don't know it's required, you 18 mean it's not required? 19 MR. BARNES: Objection; mischaracterizes testimony. 20 THE WITNESS: I think the medical community has 21 different ways of treating ischemic stroke. I don't think 22 there's any requirement for blood return. 23 BY MR. HAMILTON: 24 Q What about when treating a pulmonary embolism, is 25 blood return required?</p>

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1 **A I don't know.**  
2 Q What about when treating DVT, is blood return  
3 required?  
4 **A I don't know.**  
5 MR. HAMILTON: Why don't we take another break. I may  
6 be close to wrapping up.  
7 THE VIDEOGRAPHER: We are going off the record at  
8 10:32.  
9 (Recess taken.)  
10 THE VIDEOGRAPHER: We are back on the record at  
11 10:40 a.m.  
12 BY MR. HAMILTON:  
13 Q Mr. Thornton, have you ever designed a device  
14 intended to be used for blood return during a  
15 cardiovascular procedure?  
16 **A For the MitraClip steerable sheath, when it's**  
17 **placed in the patient, as the dilator's being removed, the**  
18 **doctor aspirates blood back into the steerable guide**  
19 **catheter and returns it back to the patient by injecting**  
20 **the blood back into the sheath. So that would be the only**  
21 **example I can think of.**  
22 Q Did you design -- withdraw the question.  
23 For the MitraClip, how did the doctor return  
24 blood to the patient?  
25 **A Via syringe attached to a stopcock, extension**

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1 **tubing was part of the connection between the steerable**  
2 **guide catheter and the syringe.**  
3 Q Do you recall the volume of blood that was  
4 returned to the patient for use with the MitraClip?  
5 **A I believe the IFU called for using a 60 CC**  
6 **syringe. I don't know that the full 60 CC syringe was**  
7 **needed to fill the guide and return to the patient.**  
8 Q Was blood return always required when the  
9 MitraClip was used?  
10 **A It was in... I don't believe that step was in the**  
11 **instructions for use. It was a typical practice for**  
12 **physicians. I don't know if it was in the instructions**  
13 **for use or whether it was not in instructions for use.**  
14 Q Did you design any portion of the MitraClip with  
15 the intention -- withdraw that.  
16 Was the MitraClip itself used for blood return?  
17 **A No. That's a permanent implant that was deployed**  
18 **on the patient's mitral leaflets.**  
19 Q Would you consider yourself an expert in methods  
20 of blood return in a patient?  
21 MR. BARNES: Object to the form.  
22 THE WITNESS: Not necessarily.  
23 BY MR. HAMILTON:  
24 Q What do you mean not necessarily?  
25 **A The blood return I was just describing is pretty**

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1 **standard interventional cardiology practice. We didn't**  
2 **necessarily design it with the intent of -- I'll rephrase**  
3 **that.**  
4 **The main thrust of the design had nothing to do**  
5 **with that one step of the procedure. It had to do with**  
6 **the other 50 steps of the procedure and the three**  
7 **catheters and the implant device, not the aspect of blood**  
8 **return.**  
9 Q So then would you consider yourself an expert in  
10 the aspect of blood return during a cardiovascular  
11 procedure?  
12 MR. BARNES: Object to the form.  
13 THE WITNESS: No.  
14 BY MR. HAMILTON:  
15 Q I have no further questions. Thank you for your  
16 time.  
17 **A You're welcome.**  
18 MR. BARNES: I do not have any questions for the  
19 witness. Thank you.  
20 THE VIDEOGRAPHER: This marks the end of the  
21 deposition of Troy L. Thornton. We are going off the  
22 record at 10:48.  
23 (WHEREUPON THE DEPOSITION WAS  
24 CONCLUDED AT 10:48 A.M.)  
25

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1 Please be advised I have read the  
2 foregoing deposition, pages 147  
3 through 184, inclusive.  
4 I hereby state there are:  
5  
6 (Check one) \_\_\_\_\_ no corrections  
7 \_\_\_\_\_ corrections per attached  
8  
9 \_\_\_\_\_  
10 TROY L. THORNTON  
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1 WITNESS'S CHANGES OR CORRECTIONS

2

3 NOTE: If you are adding to your testimony, print  
4 the exact words you want to add. If you are  
5 deleting from your testimony, print the exact  
6 words you want to delete. Specify with "Add"  
7 or "Delete" and sign this form.

8

9 Deposition of: TROY L. THORNTON  
10 Case Title: IMPERATIVE V. INARI  
11 Date of Deposition: FEBRUARY 19, 2026

12

13 I, \_\_\_\_\_ have  
14 the following corrections to make to my deposition:  
15 Page Line Change/Add/Delete  
16 \_\_\_\_\_  
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1 CERTIFICATE OF SHORTHAND REPORTER/STENOGRAPHER

2

3 I, Christa Yan, Certified Shorthand/Stenographic Reporter  
4 within and for the State of California do hereby certify:

5 That Troy L. Thornton, the Witness whose deposition is  
6 hereinbefore set forth, was duly sworn by me before the  
7 commencement of such deposition and that such deposition  
8 was taken before me and is a true record of the testimony  
9 given by such witness.


10 I further certify that both parties were represented by  
11 counsel at the deposition.

12 I further certify that the deposition of Troy L. Thornton  
13 occurred at 333 Bush Street in San Francisco, California  
14 on February 18, 2026 commencing at 9:04 a.m. to 10:48 a.m.

15 I further certify that I am not related to any of the  
16 parties to this action by blood or marriage, I am not  
17 employed by or an attorney to any of the parties to this  
18 action, and that I am in no way interested, financially or  
19 otherwise, in the outcome of this matter.

20 IN WITNESS WHEREOF, I have hereunto set my hand this 25th  
21 day of February 2026.

22

23 

24 \_\_\_\_\_  
25 CERTIFIED SHORTHAND/STENOGRAPHIC REPORTER  
IN AND FOR THE STATE OF CALIFORNIA

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