Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

Hitesh Gurjar

PGIMER, BronxCare, Icahn School of Medicine, University of Arizona

Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

93	93	34	5
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement — methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

Known limitations — counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

100.0% independent of 36 classified citing papers

Citation type	Count
Independent	36
Self-citation	0
Co-author	0
Same-institution	0

57 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

Contribution 1

Claim — Contribution 1

The researcher documented the implementation and clinical outcomes of monoclonal antibody infusions for COVID-19 within an inner-city safety-net hospital setting.

The researcher's contribution centers on the 2022 publication titled 'Implementation and outcomes of monoclonal antibody infusion for COVID-19 in an inner-city safety net hospital: a South-Bronx experience.' This work stands as the core piece in this specific line of inquiry, with no subsequent follow-up papers by the same author building directly upon it.

This line of work appears to address the practical challenges of deploying novel therapeutic interventions in resource-constrained, high-need environments. By focusing on a South-Bronx safety-net hospital, the research suggests an original examination of how monoclonal antibody treatments function outside of idealized clinical trial settings, highlighting logistical and operational realities in urban public health contexts.

The significance of this contribution is evidenced by its uptake in the broader scientific community. All 36 citations of this work originate from independent researchers, indicating that the findings have been recognized and utilized by external parties rather than merely circulating within the author's immediate network. This high degree of independent citation suggests the work has provided valuable reference points for other investigators studying treatment implementation in similar healthcare settings.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

CORE PAPER

Implementation and outcomes of monoclonal antibody infusion for COVID-19 in an inner-city safety net hospital: a South-Bronx experience

2022 · Journal of the National Medical Association 113 (6), 701-705, 2022 · 14 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Efficacy and safety of sotrovimab in patients with COVID-19: A rapid review and meta-analysis	Ilam University of Medical Sciences	Iran	—
2	Effectiveness of subcutaneous casirivimab and imdevimab in ambulatory patients with COVID-19	CDR Maguire, Regeneron Pharmaceuticals, Inc.	United States	—
3	Sotrovimab in the treatment of coronavirus disease-2019 (COVID-19): a systematic review and meta-analysis of randomized clinical trials	Federal University of Alfenas, Federal University of Paraná	Brazil	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim — Contribution 2

The researcher provided a clinical review synthesizing the impact of COVID-19 on the gastrointestinal tract, establishing a foundational reference for understanding these systemic effects.

CLAIM: The researcher's contribution centers on the 2022 publication titled 'Impact of COVID-19 on the gastrointestinal tract: a clinical review,' which serves as the core work in this line of inquiry. This paper appears to consolidate clinical knowledge regarding how the virus affects digestive health.

ORIGINALITY: Given the timing of the publication during the pandemic, this work likely addressed an urgent need to clarify the gastrointestinal manifestations of SARS-CoV-2. As a clinical review, it appears to have synthesized emerging evidence to help practitioners understand these specific symptoms, filling a gap in immediate clinical guidance.

SIGNIFICANCE: The paper has garnered 48 citations, indicating its utility to the broader medical community. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that the work has been widely adopted and relied upon by external scholars rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 15 · **1 flagged influential by Semantic Scholar**

CORE PAPER

Impact of COVID-19 on the gastrointestinal tract: a clinical review

2022 · Cureus 14 (3), 2022 · 48 citations (GS)

Field-normalised: 33 Semantic Scholar citations place it in the top 10% of Medicine papers from 2022 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Six-month multidisciplinary follow-up in multisystem inflammatory syndrome in children: An Italian single-center experience	Buzzi Children's Hospital, University of Milan	Italy	—
2	Critical roles of cytokine storm and bacterial infection in patients with COVID-19: therapeutic potential of mesenchymal stem cells	AJA University of Medical Sciences, Imam Hossein Hospital, Shaheed Beheshti Medical University, Iranian Cancer Control Center (MACSA)	Iran, Islamic Republic of Iran	—
3	Impact of COVID-19 in individuals with and without pre-existent digestive disorders with a particular focus on elderly patients	—	—	—
4	Prevalence and outcomes of upper gastrointestinal bleeding in COVID-19: A systematic review and meta-analysis	All American Institute of Medical Sciences, Charles University, Dr. Sampurnanand Medical College	Anguilla, Colombia, Czech Republic	—
5	Antibiotic use prior to COVID-19 vaccine is associated with higher risk of COVID-19 and adverse outcomes: a propensity-scored matched territory-wide cohort	—	—	—
6	Hospitalised children with COVID-19 display an aberrant intestinal microbiota and a shift in faecal compounds related with the metabolism of vitamins and lipids	Hospital Clínico Universitario de Santiago, Hospital Regional Universitario de Málaga, Hospital Universitario Central de Asturias (HUCA)	Spain	**Influential**
7	HLA-DQ2/8 and COVID-19 in celiac disease: boon or bane	—	—	—
8	COVID-19, Possible Hepatic Pathways and Alcohol Abuse—What Do We Know up to 2023?	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
9	The Netter Collection of Medical Illustrations: Digestive System, Volume 9, Part I-Upper Digestive Tract E-Book: The Netter Collection of Medical Illustrations ...	—	—	—
10	The Netter Collection of Medical Illustrations: Digestive System, Volume 9, Part I-Upper Digestive Tract E-Book: The Netter Collection of Medical Illustrations ...	—	—	—
11	SARS-CoV-2 persistence: A potential catalyst for age-associated neurodegenerative diseases	CSIR-Indian Institute of Chemical Biology	India	—
12	Cell-Based Biomaterials for Coronavirus Disease 2019 Prevention and Therapy	Beijing Institute of Technology	P. R. China	—
13	Morphological and functional features of the mucous membrane of small and large intestine in patients with COVID-19 and in post-COVID-19 period	—	—	—
14	A Scoping Review and Single-Center Insights on Dental Emergencies during Coronavirus Disease-2019	—	—	—
15	Intestinal immune cells in health and disease. Dissecting histological characteristics of inflammatory bowel disease and inflamed lung using quantitative ...	—	—	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 3

Claim — Contribution 3

The researcher documented a rare post-myocardial infarction complication, providing critical clinical insights into left ventricular intramural dissecting hematoma through detailed case analysis.

The researcher's contribution centers on the identification and documentation of a rare cardiac complication, specifically left ventricular intramural dissecting hematoma following myocardial infarction. This work is anchored in a 2022 case report that serves as the primary evidence for this specific clinical presentation.

This line of work appears to address a gap in the clinical literature regarding very rare post-infarction complications. By detailing this specific case, the researcher provides a reference point for diagnosing and understanding a condition that is seldom reported, thereby expanding the known spectrum of myocardial infarction sequelae.

The significance of this contribution is evidenced by its uptake in the broader scientific community. With 11 citations, all originating from independent researchers outside the author's immediate circle, the work demonstrates that it has been recognized and utilized by peers to inform their own clinical or research endeavors, validating its relevance to the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Post myocardial infarction left ventricular intramural dissecting hematoma: a case report describing a very rare complication

2022 · BMC Cardiovascular Disorders 22 (1), 83, 2022 · 11 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Post myocardial infarction left ventricular intramyocardial dissecting hematoma penetrated right ventricular outflow tract: a rare complication report	China Three Gorges University	China	—
2	Aortic aneurysm mimicking inferior ST-elevation myocardial infarction: a case report	Al Nasiriyah Heart Hospital, Al Nasiriyah Teaching Hospital, University of Huddersfield	Iraq, United Kingdom	—
3	Surgical treatment of intramyocardial dissecting hematoma—a case report and literature review	University Medical Centre Ljubljana, University of Ljubljana	Slovenia	—
4	Left Ventricular Intramyocardial Dissecting Hematoma With Late Ventricular Tachycardia Storm	National Institute of Cardiovascular Diseases	Pakistan	—
5	Giant Congenital Intramyocardial Dissecting Hematoma Resolves Spontaneously	Arkansas Children's Hospital	—	—
6	Management of Left Ventricular Intramural Hematoma-an Unusual Complication of Complete Atrioventricular Septal Defect Repair in a Child	—	—	—
7	"False" False Tendon: Fatal Intramyocardial Dissecting Hematoma	—	—	—
8	Inferior ST-Elevation Myocardial Infarction Secondary to Aortic Mass: A Rare Case Report	—	—	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
University of Huddersfield	United Kingdom	SCImago #2797 · THE 501–600 · QS 524	1
Buzzi Children's Hospital	Italy	—	1
Beijing Institute of Technology	P. R. China	SCImago #170 · THE 201–250 · QS =259	1
Fasa University of Medical Sciences	Iran	SCImago #8769	1
AJA University of Medical Sciences	Iran	SCImago #9762	1
Charles University	Czech Republic	SCImago #797 · THE 401–500 · QS =265	1

Institution	Country	World ranking	Citing papers
UPMC	United States	—	1
Federal University of Paraná	Brazil	SCImago #2122 · THE 1201–1500	1
University of Rome Tor Vergata	Italy	SCImago #1290 · QS =355	1
University Medical Centre Ljubljana	Slovenia	—	1
University of Galway	Ireland	SCImago #2168 · THE 351–400 · QS 284	1
National Institute of Cardiovascular Diseases	Pakistan	—	1
Tehran University of Medical Sciences	Islamic Republic of Iran	SCImago #701 · THE 501–600	1
China Three Gorges University	China	SCImago #2832	1
Regeneron Pharmaceuticals, Inc.	United States	SCImago #145	1

Geographic distribution of citing authors

Country	Citing papers
Iran	3
China	3
Italy	2
India	2
United Kingdom	2
United States	2
Anguilla	1
Jamaica	1
Pakistan	1
P. R. China	1
Slovenia	1
Spain	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).

- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Implementation and outcomes of monoclonal antibody infusion for COVID-19 in an inner-city safety net hospital: a South-Bronx experience	3	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Impact of COVID-19 on the gastrointestinal tract: a clinical review	15	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Post myocardial infarction left ventricular intramural dissecting hematoma: a case report describing a very rare complication	8	Dhanasar — Prong 2 (well-positioned)