SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX: CIVIL TERM: PART IA-8

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NORMAN RIVERA,

Plaintiff,

-against- Index No: 28368/2018E

454 WEST 57TH STREET HOLDING

& T&K PROPERTIES, LLC **TRIAL**

Defendants.

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TESTIMONY
Dr. Thomas Kolb

Bronx Supreme Court
851 Grand Concourse
Bronx, New York 10451
May 20, 2025

B E F O R E:

HONORABLE BIANKA PEREZ,
Justice of the Supreme Court

A P P E A R A N C E S:

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SIOBHAN LYONS
Senior Court Reporter

- M O R N I N G S E S S I O N -

THE COURT: I have a written decision on the motion. Defendants filed a motion in limine seeking permission to question Plaintiff's medical providers regarding any prior bad or fraudulent acts alleged against them in a federal legal action Defendants and then, I believe, there was a cross-motion by Plaintiff or a motion by Plaintiff seeking to preclude Defendants from cross-examining Plaintiff's treating ortho surgeon, that was regarding yesterday, I guess, Dr. Grimm, treating radiologist, and doctor -- I thought it was only about Dr. Kolb, but, in any event, I have a decision, and the treating spinal surgeon, Joseph Weinstein, concerning any allegations in a federal action entitled Roosevelt Road versus John Hajjar, H-A-J-J-A-R.

The motion is denied in its entirety. Both motions are denied. I'm sorry, Defendant's motion is denied, Plaintiff's motion is granted and my clerk is giving you a copy of the decision. I have to sign it.

MR. VARGAS: It will be filed?

THE COURT: It will be e-filed.

MR. VARGAS: Thank you.

MR. VAN ETTEN: Thank you, Your Honor.

THE COURT: You can bring the jurors down.

Any issues before I do?

MR. VARGAS: Can I have five minutes? He's picking up the screen shots, he's gonna come in and look at the blowups real quick and then we're ready to go.

THE COURT: Okay. We're done by 11:30.

MR. VARGAS: I know, we're gonna move fast.

THE COURT: Bring the jurors in.

COURT OFFICER: All rise. Jurors entering.

(Whereupon, the jury entered the courtroom)

THE COURT: Good morning. You may be seated.

Do you want to mark them? You can mark them.

(Whereupon, the MRI dated 4/17/2018 of the Cervical Spine was marked as Plaintiff's Exhibit 20 in evidence, by the Reporter)

(Whereupon, the MRI dated 5/1/2019 of the Cervical Spine was marked as Plaintiff's Exhibit 21 in evidence, by the Reporter)

(Whereupon, the MRI dated 5/8/2020 of the Lumbar Spine was marked as Plaintiff's Exhibit 22 in evidence, by the Reporter)

(Whereupon, the MRI dated 5/1/2019 of the Lumbar Spine was marked as Plaintiff's Exhibit 23 in evidence, by the Reporter)

(Whereupon, the CAT Scan dated 6/27/2019 of the Lumbar Spine was marked as Plaintiff's Exhibit 24 in evidence, by the Reporter)

(Whereupon, the CAT Scan dated 11/11/2020 of the Lumbar Spine was marked as Plaintiff's Exhibit 25 in evidence, by the Reporter)

(Whereupon, the MRI dated 4/7/2018 of the Lumbar Spine was marked as Plaintiff's Exhibit 26 in evidence, by the Reporter)

(Whereupon, the MRI dated 5/1/2019 of the Lumbar Spine was marked as Plaintiff's Exhibit 27 in evidence, by the Reporter)

(Whereupon, the MRI dated 4/7/2018 of the Lumbar Spine was marked as Plaintiff's Exhibit 28 in evidence, by the Reporter)

(Whereupon, the Records of Dr. Kolb were marked as Plaintiff's Exhibit 29 for identification, by the Reporter)

THE COURT: Okay. You may call your next witness.

MR. VARGAS: I call Dr. Kolb to the stand, please.

THE COURT: Dr. Kolb, you may take the witness stand. Wait for the officer to swear you in.

(Whereupon, the witness takes the stand)

COURT OFFICER: Raise your right hand. Do you swear or affirm the testimony you give today is the truth, the whole truth and nothing but the truth under penalty of perjury?

THE WITNESS: I do.

T H O M A S K O L B, called as a witness by and on

behalf of the Plaintiff, after having been first duly sworn, was examined and testified as follows:

COURT OFFICER: Be seated. State your name and address for the record.

THE WITNESS: Dr. Thomas Kolb, K-O-L-B, 257 West 34th Street, New York, New York 10001.

THE COURT: You may inquire.

DIRECT EXAMINATION

BY MR. VARGAS:

Q Doctor, can you -- will you start out by telling the jury your educational experience?

A Yeah. I went to college here at Queens College, City of New York, graduated 1979. I went to medical school in Brooklyn Downstate Medical Center, graduated 1983. I then became a pediatrician. I went to Albert Einstein College of Medicine, Jacobi Hospital, Montefiore Hospital here in the Bronx for three years, 1983 through 1986, and became board certified as a pediatrician. I then continued training for four more years at Columbia Presbyterian Medical Center in Washington Heights as a diagnostic radiologist from 1986 through 1990 and in 1990 I became board certified in radiology as well. From 1990 until now, I've been practicing diagnostic radiology.

Q And, Dr. Kolb, what is the -- what is diagnostic radiology?

A It's the use of x-rays, CAT scans, MRIs, mammograms,

ultrasounds, to look inside the body to see if there's a problem or not.

Q And you have your own private practice, correct?

A I do.

Q And, if you weren't here today, what would you be doing?

A I'd be in my office reading films.

Q Are you being compensated for your time here?

A I am.

Q How much are you being compensated?

A $12,000.00.

Q And, Doctor, did you have an opportunity to review the films of a Mr. Norman Rivera?

A Yes.

Q And can you tell the jury a little bit, we've had somewhat of an explanation, but the difference between MRIs, x-rays and CAT scans?

A So, x-rays were discovered a long time ago, over 100 years ago. It's a form of energy and --

THE COURT: Do you need a break? We're gonna need a break again.

COURT OFFICER: All rise, jurors exiting.

(Whereupon, the jury exits the courtroom)

THE COURT: You can sit down and wait. She's having an allergy attack.

COURT OFFICER: All rise. Jurors entering.

(Whereupon, the jury entered the courtroom)

UNIDENTIFIED JUROR: Sorry about that.

THE COURT: Don't worry about it. I know it's a bad season for allergies. I have the same problem.

You may be seated.

You may inquire. Was there a pending question?

MR. VARGAS: Yes.

Q What's the difference between MRIs, CAT scans and x-rays?

A So, x-rays are a form of energy. They're relatively crude. What I mean by that is, we take an x-ray if we're looking for a fracture, really, because x-rays are very good at finding things that are hard. Things that are soft, not so good.

For example, if you have -- if you want to know -- if you take an x-ray of the hand or back, you'll see all the bones really well, because the bones are hard, and if there is a problem with the bones, you'll see that really well. But, if there is a problem with other structures like the muscles or tendons or ligaments or disks, anything else that's soft, you'll not see that on an x-ray.

CAT scans use x-rays, but they're just thin slices of the x-ray. So, you can see it a little bit better, but, again, you can see soft structures, but not as well as MRIs.

MRIs are a totally different technology. They use magnetic waves and you can see everything beautifully. You see the disks, you see fluid, you can see nerves, you can see everything that's soft and everything that's hard as well. So, x-rays -- MRIs are a very powerful test and are very commonly used.

Q And, if we could start out with -- Doctor, if you could, step down.

MR. VARGAS: With Your Honor's permission, I was going to show the witness some of the boards and explain what he --

THE COURT: You need the easel?

MR. VARGAS: Yeah, grab the easel.

You can step down. It's a little tight.

THE WITNESS: No problem.

MR. VARGAS: This is Plaintiff's Exhibit 23.

THE COURT: Is it already an exhibit?

MR. VARGAS: Yes, in evidence.

THE COURT: In evidence? No objection?

MR. VAN ETTEN: No objection.

MR. VARGAS: And, just for the record, too, this is corresponding to Plaintiff's Exhibit Five, which is Kolb films, which is in evidence.

THE COURT: It's a larger version?

MR. VARGAS: It's a larger version of Plaintiff's

Five.

THE COURT: Plaintiff's Five, which is the CD of the films?

MR. VAN ETTEN: That's Lenox Hill, Chris.

THE COURT: I can't hear you, Counsel, in the back.

MR. VARGAS: I'm sorry, we're gonna start with this one over here.

THE COURT: Did you say something, Counsel?

MR. VAN ETTEN: He was looking at the wrong exhibit.

MR. VARGAS: Yeah, I got the wrong exhibit, I'm sorry. Plaintiff's 26.

MR. VAN ETTEN: Thank you.

THE COURT: You might just want to put the easel farther back.

MR. VARGAS: Plaintiff's 28.

THE COURT: We'll figure out.

THE WITNESS: Sorry for sitting, but I think I'll block your view if I don't. Okay, so, you can you see? Okay.

A So, this is an MRI of the lumbar spine and, I don't know what you've heard, but I'm gonna do a little bit of anatomy, so we're all on the same page and understand what's going on.

These square, gray boxes are the bones in the lumbar

spine. So, in the lumbar spine there are five bones and we call each bone, because it's a lumbar spine, a number, and it's called L, for lumbar, one through five, and those numbers are right here; five, four, three, two, one, okay? So, those are the numbers of the bones from one through five and then, underneath five, which is L5, is another bone, which is an additional part of your body called the sacrum. So, we call that S, for sacrum, one.

Okay. Great. So, we have these bones, but our back is able to move all over and the reason our back can move and bend is because we have these disks, these structures here. These long, straight structures are disks and they are like shock absorbers, okay? They're like jelly doughnuts, almost.

So, when you jump up and down and move around, these bones come together, but they never touch each other, because these disks are meant to keep these bones apart. When bones get too close to each other, when they touch each other, that's very, very painful. It's a bad situation.

So, we're born with these disks here. Now, behind here, this gray line coming down, is the spinal cord. The spinal cord comes from the brain, up here. The patient's legs are down here. It comes down the back, all the way to there, to L1.

In this patient, it stops, and the nerve roots, which are these little gray lines, come down. The nerve roots are

very important. These nerves go out in your lumbar spine, which is your back, they go out to your legs. So, they have to go to the front of your leg, the back of your leg and down to your feet and toes.

Now, they come out of the spine by holes on the side of the spine. This is one picture in the middle of the spine, like this, on the sides --

You okay?

On the sides, there are holes where the nerves come out and we'll talk about them as well. Okay. So, these disks, how do they stay in place? Why, when you jump up and down, don't the disks just move around?

MR. VARGAS: Just pausing to see if we need to take a break, Your Honor, or no?

COURT OFFICER: She wants to step out.

THE COURT: Okay.

COURT OFFICER: You can step into the hall.

(Whereupon, the unidentified juror stepped into the hall and returned shortly thereafter)

THE COURT: Was there a pending question?

MR. VARGAS: The Doctor was explaining which numbered vertebrae, I believe.

THE COURT: Okay. Continue.

You don't have to hold it, you can just leave it facing you, it will pick up your voice.

THE WITNESS: Okay.

A All right, to continue, so, we talked about these disks and you can jump up and down and move around and why do the disks stay in place, why don't they just spurt out? The answer is, because they're held in place by very tough coverings, by ligaments, and there are different names to the ligaments. One ligament is called the annulus, that goes around the disk.

In any case, the most important point here is that a normal disk that's in a normal position goes to the margin of the bone and stops, like that there. In other words, it goes to the very edge of the bone and it stops. There are two -- there are two discs. Here they're abnormal. There is a disc here between the L2 bone and the L3 bone, which you see pushes out, and then there's another disc here between the L5 bone and the S1 bone that pulls out. You can even see them from far way.

Now, there are two things that can happen when these ligaments tear. One is the disc goes to the edge of the bone and starts pushing out a little bit and it's a partial tear of the ligament or annulus and that's called a disc bulge. A bulging disk could be in the back, it could be in the neck. Those are where the disks are.

There could be a complete tear of a ligament or annulus and the disk pushes completely through and that's called a disc herniation. A disc herniation is where there's a complete tear, the annulus and the disk starts pushing through, and can you

tell whether there's a disc herniation there or not by looking from the side, which is what we're looking at here, and there's another way, but, in this case, looking from the side and seeing that the disk goes beyond the margin of bone, like this one does and like that one does. So, this patient has two disk herniations, one at L2-3 and one at L5-S1.

This -- but this disk, if you go through pictures a little bit forward and a little bit back, it's pushing out a little bit on other pictures and there's a disc bulge at 4-5, but the two major findings are this herniation here up top and another herniation here down below.

Q And, Doctor, just so we're clear for the record, with a reasonable degree of medical certainty, your diagnosis of this film was?

A Disc herniation. I actually saw this patient, not physically, the patient was scanned in my facility, and the report says disc herniations at L2-3 and L5-S1. There's central and foraminal narrowing, which you'll see on another picture I'll show you. This is the central narrowing ane then there's also a disc bulge at L4-5.

Q And who ordered this MRI?

A Dr. Jeffrey Kaplan.

Q And my firm hired you at some point to come in and testify in this trial, correct?

A I was asked around April 20025. So, last month.

Q And, so, when you made this diagnosis and read this film, you were not hired by my firm, correct?

A No.

Q And are you familiar with the term osteophyte?

A Yes.

Q And when you read this film, were there any osteophytes?

A No. Osteophytes are bone spurs. So, you're looking at the front and the back here and there's nothing going out towards the back, in terms of osteophytes.

Q And, Doctor, I think the next one is also connected to the lumbar at the same time.

A So, the next one is number 26. The -- the picture on your left is the same picture I just showed you before, but we have other ways of taking pictures. In other words, the body is three-dimensional, these pictures are two-dimensional. So, this picture is taken from the side and this picture is taken through the disk.

The easiest way to understand this is if you have a loaf of French bread or Italian bread. It's very long, there's two ways to cut it. You can cut it like a subway hero, one slice, open it up and have the whole bread in two slices, very long. That's what this is here. That's called a sagittal view. You can see all the bones of the spine, just like a hero sandwich. You can see the entire bread.

You can also take that bread and make slices and then you'll have many slices of bread and they'll all be round or square and that's called an axial view. You don't have to remember any medical terms. There's different ways that we, as radiologists, look at the body.

This here is done on the same patient, same day, same time, but we're looking at an axial view. We've actually taken a slice through this disk herniation here and we do it at every single level, but, in this picture here we took -- take this slice right here and we pull it out, like that round piece of bread that I told you about and, now, you see this round area here, is the disc where the line is going through, and behind it is white, behind here is white, that's the spinal fluid. Inside the spinal fluid are these nerve roots, these little white dots and now you can see this gray line coming out to the left of the patient. This is a nerve root coming out to the left of the patient and there is the nerve root to the right and you can see that there's narrowing of these neuroforaminal, which is what they're called, the holes that contain the nerve roots, and that's what we mean by the narrowing of the neuroforaminal. There's narrowing of the structures that contain the nerve roots. That's a long way of saying there are disc herniations, like I said, at these two levels, L1-2 and L5-1, with central and foraminal, or the holes on the sides, narrowing. That's a long answer for what's on that film.

Q Give me one second. And, next, I think we'll go to the computer. Oh, I'm sorry, Plaintiff's Exhibit 20.

A Switching to cervical?

Q Yes, switching to cervical and, again, Doctor, this was another film you took on the exact same day of the cervical spine?

A Yes, it is.

Q You want me to put it up on the screen?

A Just show me the big one of this.

Q We can put it up on the screen.

MR. VARGAS: Andrew, if you could put Plaintiff's Five, cervical 4/7/18.

Q If you could, step over here, Doctor and use this microphone. You can use this one right here.

A Okay. So -- so, here is the cervical spine.

THE COURT: Referring to?

MR. VARGAS: Plaintiff's Five.

THE COURT: Okay.

MR. VAN ETTEN: And that's image 7/12?

MR. VARGAS: I'm sorry, yes, image 7/12. Where is that?

MR. VAN ETTEN: Up on the left.

MR. VARGAS: Gotcha.

A So, the anatomy is very similar, but we're in the neck. There are seven bones in the neck. Each one is given a number

and it's called C, because it's the cervical spine. The trick is, this is number two. Yeah, this is number two, this is number three, four, five, six, seven. I can't write on this, but I'll write on that one.

So, again, a normal disk is this structure here. It goes to the margin of the bone --

THE COURT: One second.

A -- and stops --

THE COURT: Doctor, one second. Can you put the mic on the ledge by the screen, otherwise she can't hear?

A So, again, let's just focus on something that's very obvious. This disk right here is very obviously abnormal. You don't have to be a radiologist anymore, you can look at this and say there's something wrong with that, as compared to that.

So, at this level right here, which is C4-5, there is a disk herniation, right, just like it was pushing out in the lumbar spine, pushing out here, but, not only is there a disk herniation pushing out on the spinal fluid, which is white, here is the spinal cord coming down from the brain.

That is the patient's brain up there, right? The patient's mouth is here and the nose is here and the brain is up here. The spinal cord comes down. You can see the spinal cord is being pushed back, right? Look at the spinal cord above, look at the spinal cord down here. The spinal cord is being pushed on. So, this is a disk herniation that pushes on the

spinal cord and there are smaller, but present, disk herniations at C5-6 and C6-7, also impinging on the sack, which contains the fluid and the spinal cord, largest being at C4-5.

So, there's a little bit of pushing out of this disk, it's not perfect, and that's a disc bulge where there's a partial tear of the ligament and this is partially pushing back. Obviously, these are disk herniations pushing back on the spinal cord.

Q And, just so the record is clear, again, with a degree of medical certainty, your diagnosis of this film was?

A That there are disk herniations at C4-5, C5-6 and C6-7 that are pushing on the spinal cord. They also push on the neuroforaminal, which are on the other view, the axial view, and we can show that here as well, and a disc bulge at that level, at C3-4.

Q Thank you. Can you do the next one?

A Yeah, two on one.

Q And, same questions as before, did you observe any osteophytes in this film?

A No. So, this is the largest herniation here and that's what the other picture, that round picture, looks like, and this is the disk herniation here and it's pushing on the spinal cord, which is this round gray area there, just like the gray area here, but we're taking a picture across that way and these neuroforaminal that are narrowed, this is where the nerve roots

come out. So, that's a representation of what's going on at C4-5.

Q And did you want to mark anything on the board or --

A Sure. So, here on number 20, this is just what we looked at on the screen. There's herniations at C4-5, C5-6 and C6-7. This is the picture I just showed up there and it's pushing on the spinal cord at that, level at 4-5, and the largest impingement or pushing on the spinal cord is at the C4-5 level. So, I don't need to mark it, you can see it.

Q And, next, I wanted to draw your attention to the MRI of both the lumbar and the cervical of May 28, 2020.

A You're skipping 19?

Q If you want to go to 19 first, that's up to you. The CAT scan?

A No, MRI lumbar.

Q Okay, yes.

MR. VAN ETTEN: 5/1/19. That's not Exhibit 19.

MR. VARGAS: Right 5/1/19, Exhibit 27.

A So, this is number 27 and nothing really has changed. A year later, there's a disk herniation still there at L5-S1 and a disk herniation at L2-3 and a bulge, which you see better on all the pictures, at L4-5. So, that's 2019.

Q And a year after the accident, did you observe any osteophytes in this film?

A No, not in this film.

Q And who took this film?
A Lennox Hill Radiology.
Q Okay. And they gave their own opinion, but you reviewed this film yourself and gave your own opinion of what you saw, correct?
A Correct.
Q And, next, did you want to go to the MRI of 5/28/20, or do you want --
A Whatever you want.
Q Okay. They're right there.
A So, number 22, again, shows, essentially, the same thing two years later, disk herniation at L5-S1, disk herniation at L2-3. Again, here is the picture where you can nicely see the herniation there at L5-S1.
Q And, same question again, did you observe any osteophytes in this film?
A Not on the MRI, no.
Q And was your diagnosis the same as the previous MRIs that you reviewed in 2018 for 7/18?
A Yes.
Q And the next film then?
A Is this it here?
Q Yes.
A So, this is number 21 and this was also 2019. This is the cervical spine and, again, you see the pictures just like we

saw before, a large herniation at C4-5 pushing on the spinal cord, disk herniations at C5-6 and C6-7, and there was that bulge at C3-4. So, I don't think much has changed through 2019 on the neck.

Q And, again, same question, any osteophytes observed in the film?

A Not on the MRI.

Q Okay. And, then, next, which one would you like to go to next? CAT scan 11/11/20?

A Sure.

Q All right. So, you have the lumbar and cervical, the lumbar is 25, Exhibit 25, cervical is Exhibit 24.

MR. VAN ETTEN: Can we just -- before he starts, the witness is referring to his reports that were marked for identification.

THE COURT: So?

MR. VARGAS: Yes, I agree. These are his notes.

THE COURT: Yeah, if you agree, then I don't have to say anything. Thank you.

A Okay. This is number 25. This is now a CAT scan. Now we're looking at something different, we're looking at a CAT scan of the back. You can still see these squares and those are the bones of the back, those are the five bones that we talked about, and, again, you can see, you can compare, that if we look through 5-1 where this herniation is, you can see the herniation

right there on the CAT scan as well. If you compare this to -- it's to the picture I showed you before, it's the same, and whether it's a CAT scan or an MRI, it's the same. So, that's a CAT scan done in November 2020 of the lumbar spine. Period.

Q And, with a reasonable degree of medical certainty, your diagnosis of this film?

A So, on this film, there are disc herniations again at 5-1 and 2-3 that we talked about. On the CAT scan, you can now see that there are these little pieces of bone, anteriorly, away from the spinal cord area at L2-3 and a little bit at L3-4. Those are osteophytes. You see those little bridges of bones there? Those are osteophytes that are protruding out at those two levels, 2-3 and 3-4 and those are anterior, away from the places where the herniations are.

Q And why is that significant?

A Well, I mean, it's how old is this patient, I mean, it's part of the aging process, the forming of osteophytes, or it can be posttraumatic, after a patient has trauma, over some time, osteophytes can form. This patient is thirty -- is fifty-years-old at the time of the -- this -- at the time of this CAT scan.

Q And, Doctor, how long does it take osteophytes to form?

A From months to years.

Q And as you said it can be caused by trauma?

MR. VAN ETTEN: Objection. Leading.

THE COURT: Sustained.

Q And the cause of osteophytes?

A Could either be due to trauma or just aging.

Q Now, you didn't see them in the previous films and you see it in this. Is that significant?

A Is it significant? It means that the patient is forming them. Also, this is a different test. This a CAT scan.

Q Would osteophytes have shown up on the MRI?

A They can.

Q But you didn't see any?

A Right.

Q Okay. The next film?

A This is a CAT scan from 2019, number 24. This shows you, again, these white boxes here are the bones and you see here that there are spaces between the bones, that's where the disks are, and you'll see here that this line going through the fourth bone and the fifth bone is this nice one, you can see the herniation, this gray area that's pushing down, that's the herniation pushing onto the spinal cord. You don't see it as well as an MRI, because it's a CAT scan, but this round, gray area inside here is the spinal cord, and this pushing in on the cord is the disk herniation.

Here, on the CAT scan of the cervical spine of 2020, 2019, sorry, yeah, the CAT scan of the cervical spine in 2019, you do see the three herniations, okay? When we look at all of

these pictures, you're only seeing two of the many, many pictures that we take. They're all on the disc right, there all of them.

There also is -- here you can see the osteophytes that we talked about, which are these little bone spurs here. You can see them in the back here at C4-5 and you can see them in the front here also at C5-6 for the most predominant ones. So, that's where you see these osteophytes or bone spurs that you can see.

Q And, Doctor, with a reasonable degree of medical certainty, your diagnosis of this film is?

A Well, there are herniations at C4-5, C5-6 and C6-7, there's a disc bulge at C3-4 and then there are these osteophytic changes we talked about also.

Q And, next, we did have one more lumbar from 5/1/19.

A No. No change.

Q And, one second. I'm gonna go to the x-rays next, postsurgical, unless there's another film you wanted to bring up. Yeah, postsurgical. Here we have -- starting with Eight-A, previously marked, x-ray, lumbar, 10/1/21.

A So, on Eight-A you see these boxes here are the bones. This is an x-ray. It's flipped the other way, right? We're used to seeing the bones that way and the spinal cord towards me. So, this is just flipped.

The bones are here, spinal cord coming down to the back

here, but, obviously, what's changed here is that we now have these surgical instruments here, instrumentation with screws, on both sides of the L5 and S1 bones and connecting rods, and this patient has been fused.

So, a surgeon went in and did a spinal fusion at L5-S1 with the hope of stopping additional movement to cause any additional -- any additional nerve involvement or pressure on the nerve. So, in order to alleviate either the patient's pain or the patient's ability to function. So, that's what we're seeing here. We're seeing the actual surgery being done here. That's what it looks like after the surgery.

Q And then the next one right here?

A This is the -- this is number Eight-C. Same patient, same day. Instead of looking from the side, we're looking from the front. You're looking at the same thing. These are the screws, these are the rods here, and this patient has been fused at L5-S1.

Q And then the last one?

A This last picture?

THE COURT: Are you letting the Court know which ones you're referring to?

MR. VARGAS: I believe he said it, Eight-A, and this is Eight-B.

A So, Eight-B, and I've been jumping back to the neck, cervical spine, and this surgeon has gone in and fused this

degree patient at C4-5 and C5-6. The surgeon put a metal plate and, in front of C4-C5 and C-6, with screws going in, and then there are intrabody disc stabilizers. This is all done. It's called anterior, because it's the front discectomy. The surgeon took the disc out and fused these two levels. So, that's what it looks like. That's what the patient now has in his neck after this fusion of these two levels.

Q Thank you, Doctor. You can take the stand again.

THE COURT: Are you gonna use any of those films, Counsel? Are you going to use any of the films?

MR. VAN ETTEN: I'm not sure if I'll be using the films, but I'll definitely be using some of the exhibits. I'm not sure about the films yet.

THE COURT: Okay.

Q And, Doctor, just a couple more questions. Other than osteophytes, are there any other signs of degeneration in Mr. Rivera's spine?

A So, there are three phases of degeneration of the --

Q If you could, pull that microphone close to you.

A There are three phases of degeneration of the spine. Osteophytes is one of them. That's the major one that this patient has.

Q And, Doctor, is -- as far as degeneration, is it possible to have degeneration and no herniations?

A Yeah, of course. You can have degeneration of your

subpoena and not have a herniation, of course.

Q And, further, if there was a trauma and you already had degeneration in your spine, it could then cause a herniation, correct?

MR. VAN ETTEN: Objection. Form.

THE COURT: I mean, it's leading, so I will sustain the objection as to leading.

Q Doctor, is it with a reasonable degree of medical certainty, do you have an opinion as to whether the herniations caused to Mr. Rivera were caused by trauma?

MR. VAN ETTEN: Objection.

THE COURT: I'll allow it. Overruled.

A I can't say looking just at the MRI's and the CAT scans.

Q Why is that?

A Because you need to know the clinical information from the patient, you need to know whether the patient was complaining of pain or not, the patient's limitation prior to the trauma. I know that, after the trauma, those pictures are telling what is there, but you need to have more information, you need to have clinical information from the doctor that examined the patient and tested the patient as well.

Q And, based on your reading of the films, the symptoms or signs of degeneration got worse from the first films that you took compared to the ones you read from Lennox Hill, correct?

MR. VAN ETTEN: Objection.

THE COURT: Sustained as to leading.

Q You compared the films from the ones you took on 4/7/2018 to the Lennox Hill MRIs, correct?

A Yes.

Q And what was your -- what were your findings in those comparisons?

A Well, my films that I took were MRIs. Their -- further, they did MRIs and CAT scans, two different types of tests.

Q And could you draw any on conclusions from that?

A I could just tell you what I found on the films. There are herniations in 2018, three in the cervical spine and two in the back, and then they didn't really change very much as the years went by and then I -- we talked about my findings on other examinations as well.

Q Thank you.

MR. VARGAS: No further questions.

THE COURT: Cross-examination?

MR. VAN ETTEN: Thank you, Your Honor.

CROSS-EXAMINATION

BY MR. VAN ETTEN:

Q Sorry. Good morning, Doctor.

A Good morning, sir.

Q Just some followups. You've testified in court before,

correct?

A Yes. Yes, sir.

Q How many times?

A I testify, on the average, between four to five times per year, over last many number of years.

Q So, you've been doing that for over 25 years?

A Yeah, at least twenty years, I think.

Q So, over 100 times would be a fair statement?

A It wouldn't be an unfair statement. I don't know the exact number.

Q During that time, you've testified always for plaintiffs, correct?

A No, I've testified for defendants as well, but, since I'm the one doing the MRIs, it's plaintiffs that are calling me.

Q In the last ten years, how many time have you testified for defendants?

A I don't have a number.

Q Would it be zero?

A It would be a small number.

Q And you frequently testify with the Gorayeb firm, correct?

A I've definitely been in court with the Gorayeb firm, correct.

Q And they retained you here?

A They did.

Q And in January, we've already talked with this jury a little bit about the Martinez case in February and you also came in with Judge Tuitt and testified inn that case as well?

A I can't tell you who the judge was or whether I was with Mr. Vargas, but, yes, if there's records, then I did it, yes.

Q Okay. Now, I just want to get one thing clear before I start going into some of the details. The films you took, to your knowledge, were 23 days after Mr. Rivera's accident, would that be fair?

A Yes, I believe so.

Q Okay. So, that's relatively close in time?

A Yes.

Q And are you aware of any other films before the films you took on April 4th -- sorry, April 7, 2018?

A I'm not aware of anything earlier. I'm just checking. April? That's right, April 7th. I'm not aware of any films earlier.

Q Okay. Are you aware that Dr. Kaplan actually had x-rays taken of the back and neck when he first saw Mr. Rivera on April 4th?

A If I don't have a report of them, then I didn't see them.

Q So, you weren't given Dr. Kaplan's films to review as part of your expert opinion, like the Lennox Hill Radiology

films, fair?

A That's correct.

Q Okay. I want you to assume, then, that Dr. Grimm, who is Dr. Kaplan's employee, testified yesterday and said that those films were taken and that they were normal and no fractures.

A Okay.

Q Okay. Can you make that assumption?

A Sure.

Q And you know Dr. Grimm, as well, works with Dr. Kaplan's office?

A I don't know either of them. I know their names.

Q All right. Dr. Grimm has referred patients to you for MRIs, right?

A I know him as a referring physician. I've never met him personally.

Q I didn't ask you if you know him, I just said you know him.

A Well, when you say you know him, I thought you meant do I know him. I know him as a referring physician.

Q And you don't know him in the biblical sense either, then? Withdrawn. Withdrawn.

A I agree with you.

Q Now, you talked a little bit about degeneration with Mr. Vargas, correct?

A Yes, sir.

Q And is there a phenomenon with backs and necks that degeneration occurs with a disk that causes them to wear down?

A I'm not sure what wear down means.

Q Well, what is degeneration? Can you explain it to the jury?

A Degeneration is basically aging of the spine and there are defined features, like I said, there are three features that -- that, when present, mean that the spine is degenerated.

Q Okay. You mentioned osteophytes. Are there other types of conditions that are examples of degeneration?

A Yes.

Q End plate changes would be one?

A When people say end plate -- the answer is yes.

Q Okay. Facet joint arthropathy?

A Yes.

Q What's facet joint arthropathy?

A What is it?

Q Yes.

A It means the bones -- so, in order for us to move, the bones are not just connected with those square bones that I showed you, but, behind those square bones, there's a facet joints and the facet joints also allow us to move. There are facet joints on both sides.

To answer the question and not get too technical, as we

age, those facet joints get thicker and thicker and that's -- the word hypertrophy means getting thicker and that's part of, unfortunately, the aging process.

Q So, facet joint arthropathy and hypertrophic changes would be one in the same, is that fair?

A Yes. A facet joint arthropathy can be hypertrophic changes, yes.

Q And, sometimes, when these things change, it's like -- I know in knees, we're not talking about knees, but sometimes the bones rub and that creates bony growths, correct?

A Yes.

Q And that's spurring?

A Yes.

Q And the spurring, you mentioned before, can be the osteophytes, correct?

A Yes.

Q All right. Now, when you look at a diagnostic testing film, such as you do, and you do MRIs can, you see evidence of recent trauma in MRIs?

A You can.

Q Okay. And, one of the ways, when you're looking at diagnostic films to see recent trauma, an x-ray would be a fracture or subluxation, correct?

A Correct.

Q And you didn't see them, but, as you said, we asked you

to assume that they were normal, right? Fair?

A Fair.

Q Okay. And you can see an edema as well on an MRI?

A Edema, meaning soft tissue swelling?

Q Yes.

A Yes.

Q And, in your report from April 7, 2018, there's no reference of an edema, correct?

A Correct.

Q So, when you saw the films from 23 days after the accident, you saw no evidence of any edema, fair?

A Yeah, certainly.

Q Okay. And a hemorrhage can also be an example of a traumatic event that would be depicted on an MRI, correct?

A Correct.

Q And, in your report from 23 days after the incident, there was no hemorrhage, correct?

A Right. Expectedly, no.

Q Right. And instability of the ligamentum would be another example of evidence of a trauma, true?

A What does instability of the ligamentum mean?

Q That's something that doctors tell me that I don't understand.

A Yeah, well --

Q You understand it, no?

A You'll have to explain what you're asking.

Q So, in your report, you make no reference to any traumatic event, fair statement?

A Oh, fair, yeah.

Q Okay. Now I'll jump to something else real quick. You indicated to Mr. Vargas on, I believe, two moccasins, looking at the films of the lumbar spine, to there being no osteophytes in May of 2019 and then June of 2020, I believe, on the MRIs, correct?

A Right.

Q And then Mr. Vargas asked you that sometimes osteophytes can take time to develop, correct?

A Correct.

Q Could you go to your report on the May 1, 2019 films from the MRIs?

A Yes.

Q Sorry. Hopefully I'll find my place. Now, correct me if I'm wrong, under findings it says there is anterior marginal osteophyte formation predominantly at L2-L3 and at L3-L4.

A This is the lumbar spine on 5/1/2019?

Q Yes.

A It says there's anterior marginal osteophyte formation at L2-3.

Q So, on direct examination you were asked by Mr. Vargas if you saw any evidence of osteophytes and you said no, but your

report says yes?

A Yes. I thought he meant posterior, but it's in my report that there is in one in 2019 and there is one in 2018. So, I'm agreeing with you.

Q So, you would agree, then, that there was osteophytes in the spine in 2019 and 2020 when you saw those films?

A In '19? Yes.

Q Okay.

A And after, yes.

Q Okay. And in your film -- sorry. In your report, you made no reference to osteophytes, true?

A Well, I'm sorry --

Q In your report --

A -- which report are we talking about?

Q Sure. Perfect. In your reports from when you reviewed the films that your company took on April 7, 2018 --

A Yes.

Q -- you made no reference to any osteophytes?

A Right.

Q Okay. And, by the way, you also talked about foraminal narrowing?

A Yes.

Q What's foraminal narrowing?

A It's narrowing of the holes where the nerves come down in the spine.

Q Is that also an example, sometimes, of degenerative changes?

A It could be, but, in this case, there's herniations that are narrowing the --

Q And you said to Mr. Vargas that a herniation can be caused by trauma, correct?

A Correct.

Q And that it also can be caused by degeneration?

A Yes, it's possible.

Q So, when you see foraminal narrowing with a herniation, it can be trauma or degeneration, fair, that causes it?

A When it -- for that question, you can actually see if the herniation is -- is pushing on the foramina or not. So, it would be due to the herniation and not due to the arthritis.

Q But if the arthritis caused the herniation to occur, which it can do, then it could be degeneration?

A Well, if the arthritis caused the herniation to occur, which arthritis would be the tear of a ligament, then a herniation is still what is pushing on the neuroforaminal and not the arthritis.

Q Which came first, the chicken or the egg?

A I'm answering you directly with actual will medical --

Q Sure. Because what -- you know, you've done this before, as we said, over 100 times where you testified. So, you've done multiple reports over the years, correct?

A Yes.
Q Looked at thousands of films?
A Yes.
Q And when you look at a film and you're putting down, are you supposed to put everything down?
A Everything that's relevant.
Q Okay. And, that's to be complete for when you see a patient, like in the case when you saw Mr. Rivera as a patient in April of 2018 --
A Yeah.
Q -- if anything's relevant, correct?
A Yes.
Q And you would agree that, when you saw the patient, or at least when you reviewed his films in April of 2018, there was evidence of degenerative disease within both the neck and the lumbar spine?
A Are you saying that I'm saying that?
Q No. Are you aware, when you saw those films, because you just looked at them -- sir, there's degenerative disease in those films, true?
A No.
Q No?
A No. There's nothing significant or relevant on those films that are important.
Q I'll do this one and then let me get the other one, all

right? I'm just gonna put them up for right now and then I'll talk from here and we'll go forward some more.

There was testimony, I want you to assume, from Dr. Weinstein, when he looked at films, about when you look at a diagnostic film, that you can see that a disk that is in good condition or normal appears on an MRI as white. Would you agree with that?

A Yes.

Q And a disc that is abnormal or damaged --

A Not damaged.

Q Abnormal?

A Abnormal?

Q Yeah. Would it turn out as black?

A Well, you mean desiccated or dried.

Q Right. Desiccated or dried out disks are black, correct?

A Yes.

Q And, desiccation, by definition, is the drying out or dehydration of a disk?

A Yes.

Q And that takes time, correct?

A Well, if it's from trauma, it might not take much time. If it's from arthritis, longstanding, it may take longer time.

Q In this particular instance, the two herniations in the lumbar spine that you saw --

A Yeah.

Q -- what is different between them and all the other disks?

A They're mildly desiccated.

Q Yeah. So, they have dehydration of the disk, which can occur over time, true?

A It can.

Q Okay. And you made no reference to that?

A Because I don't know. I didn't make a reference as to whether there was a trauma or not either as to what was causing anything. I made reference to what's important on these films, that the patient has a herniation. So, we'll go back to answering your question. No, I didn't make reference to it.

Q But, you would agree that that's there, and I also would have asked Dr. Weinstein about the cervical spine, though I don't believe it was this film, because he had never seen it. Though, in -- which one is this? Oh, sorry, that's the better film. I had the wrong one's up, sorry. So, again, looking at the MRI, Exhibit 28, we have the very darkened disk right there?

A I agree.

Q Okay. And Dr. Weinstein told this jury this was black disk disease.

A Okay.

Q Do you agree with that?

A I've never heard that, but, okay, if that's what he

said.

Q Okay. And, again, the other herniation that you note right there, that's also the blackened and darker disk?

A Yes.

Q And the same -- now, how did I mess that up? With the cervical spine, we have all of these disks that are dark, correct?

A So, when it comes to disk desiccation, let me point out, it really depends also on where the patient is placed in coil. If you're saying that all of these disks are dark and they're all desiccated, that's unlikely to be true, but likely that this is the way the patient was positioned in the -- in other words, there's a confounding factor. I would not agree with you that all those disks are desiccated. In other words, you have one, two, three, four, five, six, seven, eight, nine, nine and a half disks shown on there.

Q And you say nine and a half disks. There's seven with the cervical spine?

A There's seven with the -- well, there's six.

Q And it goes actually to the thoracic spine here, correct?

A Correct.

Q And, isn't it true, Doctor, that you see right down here with the thoracic spine that there also looks like there's some indentation and herniations in the thoracic spine?

A No. You're looking at one picture and you're not looking at an MRI of the thoracic spine and I don't think that's true.

Q You made no reference of that, right?

A Because I don't think it's true. I don't think your statement is true.

Q Well, if, in fact, it is true, did you see it in any of the other films?

A What is the question?

Q Did you see it in any of the other films?

A It, being what?

Q Any evidence of herniation or bulge in the thoracic spine?

A On any other films? No.

Q Okay. And, also, you said before, and I forgot to do this when you answered originally, that there were no osteophytes. You are aware that when Lennox Hill Radiology did their testing and prepared reports, they reported with the lumbar spine that there were osteophytes?

A I'd be happy to read the report right now.

Q You didn't read the reports?

A No, not that I remember, but I'm happy to read it right now.

Q Since you didn't read it, you're not basing your opinions on it, fair?

A I'm not basing my opinion on it.

Q Going back just for a second to the desiccation issue here, or even, maybe, spurring as well. When spurring occurs or osteophytes occur, that's because the disks aren't getting enough support, right, from what's going on?

A No, I don't think that's the reason.

Q Well, the reason that the bony growths form, correct, isn't it that they're there to -- essentially, it's the way the body works to protect it when there's not enough support and it's rubbing and it grows to protect it, correct?

A So, you're specifically talking about osteophytes.

Q Yeah, I mean osteophytes. I mixed metaphors when I said desiccation, I apologize.

A Yeah. Osteophytes are formed in order to rebalance the bones, yes.

Q And, again, it is essentially, you said, months and years to Mr. Vargas? It's a gradual process, correct?

A Correct.

Q And it's a chronic condition?

A Chronic means it's gradual, long term process, yes.

Q And, if there's evidence in the MRI films, which you say there's not, I understand that about osteophytes, if there's evidence in the MRI films from April 7, 2018 of osteophytes being present, would you agree, then, that that would have been something that existed before March 15, 2018?

A The osteophyte? Yes.

Q And that would be the same with any other arthropathy or hypertrophy or something like that? If those were present, that would also be something that existed before March 15, 2018, correct?

A Yes, but not necessarily a herniation. Yes.

Q Understood. And did you read Dr. Katzman's reports on his review of the films? That's the Defense's expert.

A No.

Q Okay. Then, I won't question you on his findings. All right. Before I forget, I'm gonna jump to one thing real quick. Did you also review a CAT scan of Mr. Rivera's face or bones, facial bones?

A I don't have it here, but it's possible that I did. Hold on. If you have a copy of me -- oh, yeah, I do. I thought I did. Yeah, sorry, August 14, 2020.

Q Yep. All right. There it is, sorry. And you looked at those films, correct?

A Yes.

Q And you provided a report on those films?

A Yes, correct.

Q And when you looked at the films for -- can you tell the jury, first, what the CAT scan does for the face when it takes a picture of it?

A What it does for the face?

Q What is it looking for?
A We're looking for fractures or looking for soft tissue abnormalities.
Q Okay. And, in this instance, when you looked at the films, did you see any evidence of fractures to Mr. Rivera's facial bones?
A I did not.
Q Did you see any evidence of any fractures to the temporomandibular joint?
A A fracture? No, I didn't.
Q How about to the zygomatic arches, any fractures?
A No. All of his facial bones were normal.
Q No orbit fractures?
A No orbit fractures.
Q And when you say all of it, that would be the nasal bone too?
A Yes.
Q Any evidence of a deviated septum?
A I didn't see one.
Q In fact, the only thing you found when you reviewed the films of the face was right maxillary sinus disease?
A Sure.
Q And you found that another time, didn't you?
A Another time?
Q Yeah.

A Go ahead.
Q Can you go to your initial reports --
A Yes.
Q -- from when you first saw the patients or first having reviewed his film?
A 2018?
Q Yep. I thought it was that one. Maybe it's a different one.
A Yes.
Q Did you find right maxillary sinus disease 23 days after the incident?
A Yes.
Q And sinus disease is not something caused by trauma, right?
A Well, sinus disease is usually inflammation, it could be hemorrhage, but you can't tell. So, it's sinus disease.
Q And, though it's an MRI -- so, those MRIs that you took were able to see up into that area of the face where the nose was?
A No, they're right there. So, you can see the sinus, but you can't --
Q You can't really see the tip of the nose or anything like that?
A Correct.
Q Okay. Although, go back one question, and hopefully we

can do this so it's fairly quick, the films that you saw, the x-rays postsurgical, correct, that Mr. Vargas showed you?

A Yes.

Q You saw a bunch of those films, correct?

A Yes.

Q And all of those films showed a successful fusion to both the neck and the spine?

A Yeah.

Q Okay. There were no complications that you saw from looking at those x-rays, fair?

A I didn't see any complications on the x-rays, right.

Q Okay. And I want you -- again, that would be something you would look for as a radiologist, postsurgery, to see that the screws are in place and have not moved, fair?

A Yes.

Q And you want to see, sometimes you can tell, maybe, on the x-rays, if fusion is starting to begin?

A That fusion is starting to begin, yes.

Q That's why you take x-rays postfusion, to make sure that the patient's healing properly, fair?

A It's one of the reasons, yes.

Q And, usually, are you aware that, with fusions, it takes, generally, up to a year to do that?

A Yes, it's reasonable.

Q All right. So, once that happens and -- and it seems

to be done, there's no reason to go back and take more x-rays, fair?

A No, I'm not sure if that's correct or not. You'd have to ask the surgeon, but, perhaps they can they send them back in order to see if the bones are still aligned normally or not. I would say that it's not uncommon to get x-rays multiple times after a fusion is done.

Q By the way, in some of your reports you did mention the fact that you saw evidence of hypertrophy, is that correct?

A In my reports of what body part?

Q Of either the back or the neck with the Lennox Hill films.

A You mean x-rays?

Q Both, actually, but -- I thought I saw it in both, but I could be wrong.

A Well, certainly, on the x-rays of the lumbar and the x-rays of the cervical. Yeah, both.

Q Okay. And, by the way, you also indicated that there are levoscoliosis that you saw?

A Levoscoliosis.

Q And what's levoscoliosis?

A The spine is tilted a little bit to the left.

Q And did you note that in your initial reports from April 7, 2018?

A On the MRI?

Q Yep.
A No, it's not, but, again, levoscoliosis can be rotatory, it can be positional, that's for the clinician to decide, but I didn't see it on the MRI.
Q All right. And what are the examples, sorry, and I'm jumping around here, hypertrophic changes where when you reviewed the May 1, 2019 x-rays of the lumbar spine, is that correct?
A Okay. If that's what it says in my report. May 1, 2019 x-rays of the lumbar spine?
Q Yep.
A I have May 3rd. Oh, I'm sorry. We're jumping around here.
Q I know, I apologize. We're trying to get everyone out at a reasonable time.
A 2019 lumbar?
Q Yep.
A All right. X-ray lumbar?
Q Yep.
A Yeah, May 1, 2019. Yes, osteophytes, L2-3 and L3-4.
Q I would ask you about hypertrophic changes, but you have hypertrophic changes and osteophytes seen then, correct?
A Yes.
Q And there's also --
A I mean, well, no. I use both terms, but they mean the

same thing in this particular case, yes.

Q There's also loss of disk height?

A Yes, also L1-2 and L2-3.

Q And that occurs from disk desiccation with the drawing out of the disks?

A It occurs from the bones getting closer together.

Q And when the bones get closer to together, that can compress?

A That can compress, yeah. The space gets narrower, yes.

Q Also why we have the foraminal narrowing sometimes? Different?

A No, not necessarily.

Q Okay. In your review of the initial cervical MRI from April 7, 2018, did you find any evidence of facet arthropathy?

A No.

Q Did you find any evidence of osteophyte formation?

A No. You asked that.

Q I did ask about osteophytes? I apologize.

A Yeah.

Q Did I ask you about end plate changes? Same thing?

A Same thing.

Q Okay. So, the only thing that you found at that time, or at least you reported on, were the herniations or bulges in the cervical spine?

A That's 2018?

Q Yes.
A Yes.
Q And with the lumbar spine, that would be the same?
A Yes.
Q And are you aware that, during the surgery performed by Dr. Weinstein of the cervical spine in 2019, he found osteophyte complex within the neck?
A I didn't read his surgical report, no.
Q Did you make any reference to an osteophyte complex in any of your reviews of the diagnostic films?
A Osteophyte complex? I don't -- no, those words don't appear in my reports.
Q Thank you.
A Sure.
THE COURT: Any redirect?
MR. VARGAS: Just a couple, Your Honor.
REDIRECT EXAMINATION
BY MR. VARGAS:
Q Earlier you were testifying about the 4/7/18 MRI's and you said, expectedly, you wouldn't be finding edema or hemorrhages. Can you explain why you wouldn't expect that?
A So, in most cases of trauma with patients complaining of back pain, they don't have any blood in their back. If they did have blood and if they did have significant soft tissue thickening, they can end up in the ICU, but, most cases of

trauma don't end up in the ICU.

So, while you can find findings on an MRI that you can attribute to an acute trauma, meaning close to the MRI, such as swelling or bleeding. The vast majority of cases, you don't see that. If there's a herniation, you just see ligament tear and the herniation, but no hemorrhage. So, my answer was, it would not be -- it would not be unexpected not to find it. In other words, you would expect not to see a bleeding or soft tissue swelling, even if the trauma was only 23 days. You can see it, it's possible you can, but you don't necessarily need to see it, even though its only 23 days after the trauma.

Q Thank you, Doctor.

No further questions.

MR. VAN ETTEN: Nope.

THE COURT: That concludes your testimony, Doctor. You may step down.

THE WITNESS: Okay.

THE COURT: We're gonna resume tomorrow morning at 9:30 and I know you have questions about the schedule. We're trying to work on it. I know we're trying to finish by May 29th.

You may step down.

THE WITNESS: Oh, sorry.

(Whereupon, the witness steps down from the stand)

THE COURT: And it's mostly mornings. We're off

May 23rd, this Friday, but I'll tell you tomorrow, I promise, the full schedule that I'm trying to get. Have a good day.

COURT OFFICER: All rise. Jurors exiting.

(Whereupon, the jury exits the courtroom)

THE COURT: Okay. Nice and short. So, I'll see everyone tomorrow morning, 9:30 sharp, right?

MR. VARGAS: Yes.

MR. VAN ETTEN: Yes, Your Honor.

(Whereupon, Court was adjourned to Wednesday, May 21, 2025 at 9:30 a.m.)

T