

1 have Bobby put up the expert witness
2 disclosure.

3 MR. WHELAN: That's fine.

4 MS. RUSH: What is the date.

5 MR. WHELAN: June 11, '25.

6 MR. PARIS: It is Page 27 of the
7 PDF.

8 MR. WHELAN: Jason, I assume you
9 led him to the right page, right?

10 MR. PARIS: Yes, it is at the
11 bottom of the page.

12 MR. WHELAN: Can you see that, Dr.
13 Lattuga.

14 THE WITNESS: Okay. Okay. I see
15 something on the screen, yes.

16 CONTINUED EXAMINATION BY

17 MR. WHELAN:

18 THE WITNESS: Can I see the whole
19 document?

20 MR. WHELAN: That is okay with me.

21 It is not going to help you, but
22 that is okay with me.

23 A. Okay. Because I don't know what I'm
24 looking at.

25 I'm just looking at the first page.

1 MR. PARIS: Page 4 of the PDF.

2 A. So, this is the narrative that he's
3 looking at.

4 Now, take me where you want me to see?

5 MR. PARIS: Page 27 of the PDF.

6 MR. WHELAN: I'm going to ask a
7 question now.

8 A. Neurological complaints that is what it
9 says.

10 Q. Okay. And, that is what she told you
11 to after voicing that, correct, Ms. Moldovan?

12 A. I documented that, I mean, I think, ah,
13 you know, I guess, I mean, if you want
14 clarification, if it is a neurological exam, it
15 is a little different, but yes, those words are
16 written in neurological complaints.

17 Q. And, on the next page, please, ah, you
18 reflect a history of present illness, do you see
19 that?

20 A. Yes.

21 Q. And, she says, she continues to have
22 some residual pain, right?

23 A. Yes.

24 Q. What does that mean to you?

25 A. Um, you know, exactly what words mean,

1 you know, the patient has some residual pain.

2 I don't know how to explain that, but the
3 patient still has pain complaints.

4 Q. You conducted a physical examination
5 again, correct?

6 A. Yes.

7 Q. And, that was a normal physical
8 examination, correct?

9 A. If you can scroll it down.

10 Q. Can you scroll it down for the doctor,
11 please?

12 A. Is this mine, my last visit, let's make
13 sure, I only see the patient once, so it should
14 be the day that I saw the patient.

15 Q. So, I would submit to you and counsel,
16 ah, will validate it, that this comes from the
17 same date of this narrative document.

18 A. The date of this is my question.

19 Because in that narrative document, I laid out
20 all the physical exams on all the visits.

21 So, I'm just asking to be clear.

22 Q. And, I can't tell you that doctor,
23 because --

24 A. I can tell you, if you can scroll up, I
25 can tell you what date that is that you are

1 talking about; don't go so fast.

2 MS. RUSH: It is 6/11/25, doctor.

3 A. That is when I compiled the document
4 but, you know, just point to the area, and I'll
5 describe it.

6 Q. Well, you conducted a physical exam?

7 A. Yes, that is why I like you to go to
8 the top of this narrative document, and scroll
9 down, because that is the narrative that I gave
10 as opposed to my colleagues.

11 I'm just trying to give you the exact
12 answers, sir.

13 MR. WHELAN: You went to the
14 beginning of the document, sir.

15 MS. RUSH: Bobby, can I take over
16 or can we let Jim take over?

17 MR. WHELAN: This is the only
18 physical exam, sir.

19 A. I have it here on 6/11, I did a
20 physical exam as follows.

21 It showed cervical spine. There was upon
22 inspection it showed percussion and palpation,
23 shows tenderness and spasms.

24 It showed restriction flexion motion, and
25 flexion 35 degrees with 70 being normal,

1 extension 30, 45 being normal.

2 Left and right turning, ah, was relatively
3 normal. Reflex was all symmetrical on that day.

4 Lumbar spine lower back. Inspection to
5 percussion and palpation, shows tenderness and
6 spasms noted.

7 There were restricted ranges of motion.

8 Flexion 70, extension being 5 degrees.

9 Um, and also the reflexes was worse
10 symmetrical.

11 On that day, neurologically upper
12 extremities, um, there were no abnormalities
13 specifically, in the upper extremities as noted
14 four to five triceps left.

15 And, alter sensation in the C4 and the C4
16 distribution.

17 Lower extremity similarity there were some
18 abnormalities ah, neurologically gastrocnemius
19 which is alter sensation of the muscle of L5 and
20 L5 distribution (sic).

21 So, those were the findings that I performed
22 on that day.

23 Q. Okay. And, you also looked at some
24 diagnostic imaging, correct?

25 A. Correct.

1 Q. But, you only reviewed the reports,
2 correct?

3 A. On this day, yes.

4 Q. Well, there is no other time you saw
5 her, right?

6 A. Yes.

7 Q. So, you relied on the findings of the
8 radiologist, correct?

9 A. And, the prior treating physicians in
10 my practice.

11 Q. Well, how would you -- you wouldn't be
12 able to distinguish between the findings in a
13 report of the radiologist, and somebody else in
14 your system, correct?

15 A. No, I guess I'm just saying, you know,
16 that after having reviewed the documents, and
17 Dr. Cordiale certainly showed the MRI's when he
18 did the surgery, that this report is consistent
19 with the whole clinical package, that's all I
20 meant to say.

21 Q. You did take an x-ray, the lumbar
22 spine, correct, right under diagnostic imaging.

23 Go to the next page for the doctor, keep
24 going, you got to go the other way.

25 A. That says... to me in my order, the

1 follow-up visit, Dr. Cordiale 9/5/19.

2 MR. WHELAN: I don't want that
3 page, doctor.

4 I understand that is the last
5 time.

6 I have it as 23 and 28.

7 Jason, I don't know how it is.

8 MS. RUSH: Probably go to 27 and
9 28.

10 MR. PARIS: Correct.

11 27 on Bobby's.

12 MR. WHELAN: Right there
13 (indicating).

14 Q. It says... you took an x-ray of the
15 lumbar spine; what does that mean?

16 A. It's the orthopedic surgeon who saw him
17 on that day.

18 Q. And, okay. Demonstrates no significant
19 pathology, correct?

20 A. It says that, right sir.

21 Q. So, no significant pathology, what does
22 that mean?

23 A. He had the fusion.

24 Q. It is a she?

25 A. She had a defusion, I apologize.

1 And, um, he wasn't seeing anything out of
2 the ordinary.

3 There was obviously screws in the patient
4 and obviously she's all right.

5 But, what they are saying, is, ah, you know,
6 other than what I would expect to see, I'm not
7 seeing any additional pathology.

8 Q. And, this is you making that review?

9 A. I want to be, I mean, that's why I
10 think it gets a little confusing because I
11 summarize all the visits of my prior treating
12 physicians when creating this narrative.

13 Q. So, when you say, "X-ray Lumbar Spine
14 reviewed by me", that doesn't mean you?

15 A. No, that doesn't mean me. That means,
16 the doctor that saw the patient that day.

17 Q. That means you?

18 A. I'm going to go back to mine because I
19 don't see that your chronology is correct.

20 On my visit right from the tiptop, um -- I
21 can see why it is confusing.

22 I give -- I can see how it is a little
23 confusion.

24 I give a history of what is going on and,
25 then, I jump into what my findings are.

1 But, I didn't take an X-ray. I don't think
2 I took an x-ray on that day.

3 Q. So, when you said... X-ray Lumbar Spine
4 reviewed by me, that's not you?

5 A. That is the doctor that saw the patient
6 that day. Whoever that was, I don't know if it
7 is super clear, but it was whoever saw the
8 patient that day. I don't see it on my visit.

9 Q. We can agree that this is under
10 follow-up visit with Dr. Lattuga on June 11,
11 2025; but reviewed by me is not you?

12 A. I'm just trying to review the document
13 it is not clear. I apologize, here it is, here
14 it is (indicating).

15 So, right, okay. So, I'm looking at Page
16 24/28. ... Chief Complaints, History previous
17 medical history.

18 Diagnostic, um, imaging.

19 Oh, I did. You're right, I apologize. I
20 did see the X-rays, I'm sorry.

21 I found it. It is confusing to me. Lumbar
22 Spine reviewed by me that was me, sorry I
23 apologize, sorry.

24 Q. Now, do you have a plan?

25 A. Correct.

1 Q. And, this is your plan, possible future
2 spine surgery, correct?

3 A. Possibly, yes, sir.

4 Q. And, same with future injections
5 possibly, correct?

6 A. Possible, correct, sir, yes.

7 Q. And, you reached a conclusion and you
8 get to the next page whichever way it goes?

9 A. Yes. I think we went the wrong way.

10 MR. PARIS: Are you saying the
11 conclusion is above the report?

12 MR. WHELAN: The conclusion is on
13 Page 27 of 28.

14 Q. Do you see that, doctor?

15 A. Conclusion, yes, sir.

16 Q. Okay. And, do you see where it says...
17 X-ray of the Lumbar Spine three views parameter
18 stenosis?

19 A. Correct and, then, the date 9/5.

20 Q. Yes, Parameter stenosis could be
21 degeneration; would that be fair to say?

22 A. Not necessarily it could be yes, sir.

23 Q. Could it also be bone spurs, correct?

24 A. Yes, sir.

25 Q. And, it could also be the onset of

1 arthritis?

2 A. All of those are possibilities. I
3 believe it is on the herniated disk.

4 Q. Is that also age related, correct?

5 A. The symptomatic individual can have,
6 ah, herniations on a MRI, yes, sir.

7 Q. Down below a little bit, you discuss
8 surgery with the lumbar spine in the future; five
9 paragraphs down, correct?

10 A. Yes.

11 Q. Okay. And, more likely, than not,
12 correct?

13 A. Correct.

14 Q. And, so, possibly no further surgery
15 necessary for Ms. Moldovan, correct?

16 A. That's correct.

17 Q. Okay. Now, at this visit, um, you
18 didn't order any further MRI's, correct?

19 A. That's correct.

20 Q. You didn't prescribe any medication,
21 correct?

22 A. I did not.

23 Q. Um, have you reviewed, ah, Dr.
24 Cordiale's report?

25 A. Yes, sir.

1 Q. Okay. He had some intraoperative
2 findings, I don't know if you need to look it up.

3 A. I have it.

4 Q. Okay. He goes, extensive adhesions,
5 okay.

6 And this operative report is, ah, shortly
7 after the accident.

8 Extensive adhesions; that could be a
9 degenerative condition, right doctor?

10 A. Its a possible, yes, sir.

11 Q. Okay. Perineural scarring.

12 How does scarring consist of the L3, L5?

13 A. Well, in this case, specifically, you
14 know, if the patient had a herniated disk and
15 suffered a traumatic herniation disk and that
16 trauma generally happens in every woman then you
17 develop and inflammatory response that
18 inflammatory response is a culprit in why people
19 have severer ventriculopathy pain, numbness, etc.

20 And, in certain cases, unfortunately, it can
21 get very bad and the patient can develop scarring
22 and adhesions.

23 And, that's the consequence with that
24 inflammatory response, and that my testimony is
25 related to.

1 Q. Could the scarring be part of the pain
2 management protocols that she went to?

3 A. Unlikely.

4 Q. You didn't schedule any future, um,
5 visits with Ms. Moldovan at this time, correct?

6 A. Correct.

7 Q. Your records reflect whether or not you
8 reviewed, um, the ambulance report records?

9 A. Are you asking me if my records reflect
10 that, sir.

11 Q. Well, I know that your records don't
12 reflect that you reviewed?

13 A. Just ask me the question, sir. I don't
14 remember and I didn't see it so.

15 Q. And, that would be the same for the
16 Emergency Room records, correct?

17 A. Correct.

18 Q. And, that would be the same, obviously,
19 if you didn't have the Emergency Room records,
20 you didn't review any X-rays, or diagnostic films
21 taken at the Emergency Room either, correct?

22 A. Correct.

23 MR. WHELAN: Just give me a
24 second.

25 Q. You have no future plans visits with

1 Ms. Moldovan, is that fair to say?

2 A. Correct.

3 Q. And, that's the visit with you in 2025
4 June 11, 2025, ah, was the only visit with you
5 personally, and not with other members of your
6 office, correct?

7 A. Yes, sir.

8 Q. Prior to coming here today, did you,
9 ah, contact Dr. Cordiale to discuss this case?

10 A. No, I did not sir.

11 MR. WHELAN: I don't have anything
12 else.

13 Claire, do you have anything else?

14 MS. RUSH: Yes.

15 RE-DIRECT EXAMINATION BY

16 MS. RUSH:

17 Q. Doctor, how many, ah, days a week do
18 you perform surgery?

19 A. Three days a week.

20 Q. And --

21 A. You know, sorry. I alternate three and
22 two ways (sic).

23 Q. And, approximately, how many surgeries
24 do you perform on any given day?

25 A. Three or four.

1 Q. Okay. And, ah, I take it that, ah, all
2 of the charges that are, ah, that are, ah,
3 incurred, ah, by people in your practice, ah,
4 are, ah, basically, ah, they are your project,
5 right?

6 In other words, everything goes into New
7 York Spine Specialists Prompt Medical Services,
8 right?

9 A. All of those revenues are, recorded
10 under that entity, yes.

11 Q. Okay. And, ah, how much do you pay,
12 ah, do you presently pay your orthopedist?

13 MR. PARIS: Answer if you know.
14 If you don't know, say you don't
15 know.

16 A. I'm not sure. I don't know.

17 Q. Do you recall how much you paid Dr.
18 Cordiale?

19 MR. PARIS: Objection asked and
20 answered.

21 A. No, ma'am I don't.

22 Q. Can you tell me how many times, ah, you
23 recall testifying in court in the past year?

24 A. Let's say for 2025 or?

25 Q. For 2025?

1 A. Yeah.

2 Q. How many?

3 A. I don't have an independent
4 recollection, I would say three or four times.

5 Q. Okay. And, you also testified at
6 Worker's Comp., Hearings as well?

7 A. Yes.

8 Q. And, how many Worker's Comp., Hearings
9 did you do?

10 A. Usually like one a week.

11 Q. Okay. And, ah, would you agree, sir,
12 ah, that you only testify on behalf of the
13 Plaintiffs bringing lawsuits?

14 A. I only testify on patients that had
15 surgery within my practice.

16 Q. So, you never come in as an expert
17 witness for anyone else, any other practice at
18 all?

19 A. No. No. I only limit all my testimony
20 to patients, primarily my own surgical patients,
21 but any patient in my practice.

22 Q. Okay. And, ah, you never testified on
23 behalf of any entity that is being sued, correct?

24 A. I mean, I don't think so. I'm not, you
25 mean the entity that is being sued in this case?

1 Q. No, any entity that's being sued, you
2 never testified on behalf of a Defendant?

3 A. No.

4 Q. Okay.

5 A. No, not for Lucifer.

6 Q. What did you say?

7 A. I said, not for Lucifer, no.

8 Q. Lucifer, are you referring to the
9 Devil?

10 A. I'm referring to the company.

11 MR. PARIS: Let's move on.

12 Q. Are you referring to the insurance
13 company.

14 You know, let's just make sure that we, ah -
15 I wasn't going to do it, but Bobby, can you put
16 up that, ah, part of, ah, Dr. Lattuga's Blog.

17 MR. PARIS: So, before you do, ah,
18 at this point, we started at
19 approximately 10:50 a.m.

20 Ultimately, um, Dr. Lattuga has
21 given us two hours.

22 It supposed to be 10:30 to 12:30.

23 We've been kind enough to stay, we gave
24 our Reporter an assurance due to her
25 personal matters we would give two

1 hours.

2 We are basically, now, at two
3 hours.

4 So claire --

5 MS. RUSH: It is going to be very
6 quick.

7 MR. PARIS: Okay.

8 Just wasn't to make sure and thank
9 you, Dr. Lattuga, to stay past the
10 12:30 time.

11 MS. RUSH: So, we deem this marked
12 for identification, ah, purposes here.

13 (Whereupon, a document was marked
14 as Defendant's Exhibit C, for
15 identification, this date by the
16 Reporter).

17 Q. Doctor, ah, you are basically an
18 advocate, correct?

19 You have a vested interest, this is your
20 Blog, correct?

21 A. I mean -- I mean, I'm not really sure
22 about this document.

23 Q. This is on your Website, sir. Can we
24 scroll through it a little bit.

25 A. It is on my Website I'm surprised.