

**Taylor v Sinon**

2026 NY Slip Op 30162(U)

January 12, 2026

Supreme Court, New York County

Docket Number: Index No. 805014/2020

Judge: Kathy J. King

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SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY

PRESENT: HON. KATHY J. KING PART 06

Justice

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MARK D. TAYLOR, and HOLLY TAYLOR,
Plaintiffs,

INDEX NO. 805014/2020

MOTION DATE 07/17/2023

MOTION SEQ. NO. 003

- v -

ANGEL SINON, RABI R. SINHA, ROBERT C. HOLLAND,
SUBBARAO CHOUDRY, UMA S. ALAMPUR, RABI R.
SINHA PHYSICIAN P.C. D/B/A COMMUNITY PRIMARY
CARE, NORTHERN MEDICAL GROUP, PLLC, DOMENICO
C. MASTANDREA, EMERGENCY PHYSICIAN SERVICES
OF NEW YORK, P.C., and VASSAR BROTHERS HOSPITAL
D/B/A VASSAR BROTHERS MEDICAL CENTER,

DECISION + ORDER ON
MOTION

Defendants.

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The following e-filed documents, listed by NYSCEF document number (Motion 003) 86, 87, 88, 89, 90,
91, 92, 93, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166,
167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187,
188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208,
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272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 284, 285, 289, 290, 291, 292, 293, 299, 300, 301, 303,
304, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 327, 328, 329, 330

were read on this motion to/for JUDGMENT - SUMMARY .

Upon the foregoing documents, and oral arguments having been heard, Defendant Uma
Alampur, M.D. ("Dr. Alampur") moves for an order (a) pursuant to CPLR 3212, granting summary
judgment dismissing Plaintiffs' Fifth and Tenth Causes of Action and any cross-claims or,
alternatively, for partial summary judgment dismissing those claims that lack merit; and (b)
severing the action against any remaining Defendants and deleting her name from the caption.

Additionally, the following Defendants cross move for summary judgment pursuant to
CPLR 3212:

1. Defendants Subbarao Choudry, M.D. (“Dr. Choudry”) and Northern Medical Group, PLLC (“NMG”) cross-move for dismissal of Plaintiff’s Complaint and any and all claims against Dr. Choudry entirely with prejudice, and all claims against NMG, extinguishing any vicarious liability for the treatment Plaintiff received from Dr. Choudry and Dr. Alampur with prejudice.
2. Defendants Rabi Sinha, M.D. (“Dr. Sinha”) and Rabi Sinha Physician, P.C. d/b/a Community Primary Care (“CPC”) (collectively, the “Sinha Defendants”) cross-move for dismissal of Plaintiff’s Complaint and any and all claims against the Sinha Defendants in their entirety, with prejudice, and partially dismissing Plaintiff’s Complaint and any and all cross claims against the Sinha Defendants extinguishing any vicarious liability, for the treatment rendered to Plaintiff by Defendants Angela Sinon, N.P., s/h/a Angel Sinon, F.N.P. (“NP Sinon”), Robert Holland, M.D., (“Dr. Holland”), Dr. Choudry, and Dr. Alampur with prejudice.
3. Dr. Holland cross-moves for summary judgment for dismissal of any and all claims against Dr. Holland in their entirety, with prejudice.
4. NP Sinon, cross-moves for summary judgment for dismissal of Plaintiff’s Complaint and any and all claims against NP Sinon.

Plaintiffs oppose the motion and all cross-motions.<sup>1</sup>

### **BACKGROUND AND PROCEDURAL HISTORY**

This action arises from a claim by Plaintiff Mark Taylor (“Plaintiff”) that he suffered personal injuries resulting from a stroke which occurred on November 13, 2018.

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<sup>1</sup>While Plaintiffs’ assert at oral argument that the cross-motions of Defendants were untimely pursuant to CPLR 2214[c], the Court rejected said arguments and shall, therefore, consider the cross motions of all Moving Defendants.

Plaintiff was treated by the Sinha Defendants, a division of NMG, for his primary medical care for several years prior to the treatment at issue in Plaintiffs' Complaint. Early in 2018, Plaintiff fell down a flight of stairs fracturing his ribs and puncturing his lung. As a result, Plaintiff was treated at Vassar Brothers Hospital d/b/a Vassar Brothers Medical Center ("Vassar Hospital")<sup>2</sup> and upon discharge he was directed to follow up with the Sinha Defendants.

In April 2018, Plaintiff presented to NP Sinon at Community Primary Care, with ongoing rib pain, shortness of breath, lightheadedness and dizziness. NP Sinon and supervising physician Dr. Holland confirmed Vassar Hospital's diagnosis of dehydration symptoms and treated Plaintiff throughout the Spring of 2018. NP Sinon's notes indicate that Plaintiff also had a carotid doppler ordered by NP Sinon which had ruled out the presence of carotid disease. NP Sinon also noted that Plaintiff had an elevated hematocrit and hemoglobin, which she attributed to his cigarette smoking and tried to get Plaintiff to quit smoking, however, Plaintiff refused.

Throughout the Summer of 2018, Plaintiff also sought treatment from Dr. Choudry at NMG, who monitored Plaintiff's elevated hemoglobin ("HGB") and hematocrit ("HCT") levels. Dr. Choudry had performed cardiac testing via EKG and echocardiogram, found no cardiac abnormalities, and ruled out cardiac disease. Dr. Choudry concluded the Plaintiff's complaints of dizziness and headache were likely vaso-vagal in nature and, therefore, caused by fluctuations in blood pressure triggered by changing positions and possibly related to Plaintiff's hydration status.

On November 12, 2018, Plaintiff presented to Dr. Alampur at the Community Primary Care, Dr. Alampur reviewed Plaintiff's prior records and noted the elevated hematocrit and hemoglobin in Plaintiff's history. Dr. Alampur then issued a referral for him to see non-party Dr.

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<sup>2</sup>Plaintiff filed a stipulation of discontinuance dated November 16, 2023 as to Defendants Domenico C. Mastandrea, DO, Emergency Physician Services of New York, PC and Vassar Brothers Hospital d/b/a Vassar Brothers Medical Center (NYSCEF Doc. No. 312).

Ram Kancherla, a local hematologist to look into the role that such levels played in his complaints. Plaintiff was then instructed to return for further work-up by Dr. Kancherla. On November 13, 2018, Plaintiff had a stroke in which he alleges permanent disability including dysphagia, aphasia, and right-side weakness.

Plaintiff commenced this action on January 14, 2020, by the filing of a Summons and Complaint, which contains a cause of action sounding in medical malpractice against Dr. Alampur (Fifth Cause of Action) and alleges, *inter alia*, that Dr. Alampur negligently failed to take measures which would have prevented the occurrence of a stroke when she saw Plaintiff in the offices of the Northern Medical Group (NMG) on Saturday, November 10, 2018, for an in-office neurology consultation. Plaintiff's spouse, Holly Taylor, also asserts a derivative claim for loss of services and consortium (Tenth Cause of Action).

Dr. Alampur joined issue by interposing a Verified Answer to the Complaint on February 14, 2020.

On September 30, 2020, Plaintiffs filed an Amended Complaint. The Amended Complaint contains causes of action for medical malpractice against NP Angela Sinon (First Cause of Action), Dr. Choudry (Fourth Cause of Action), Northern Medical Group ("NMG"), PLLC (Seventh Cause of Action), the Sinha Defendants (Second and Sixth Causes of Action), Dr. Holland (Third Cause of Action) and a derivative claim for loss of services and consortium by Holly Taylor, as to these defendants (Eleventh Cause of Action).

The Amended Complaint alleges, *inter alia*, that NP Angela Sinon, failed to take measures to diagnose and treat polycythemia in Plaintiff, which led to Plaintiff's stroke; the Sinha Defendants, by their employees, were negligent for, *inter alia*, failing to diagnose and treat polycythemia and genetic mutations in Plaintiff's blood that led to the stroke; the Sinha Defendants are vicariously liable for the actions of co-defendants NP Sinon, Dr. Holland, Dr. Choudry and/or

Dr. Alampur in treating Plaintiff; Dr. Choudry negligently failed to take measures which would have prevented the occurrence of the stroke when he saw Plaintiff in cardiology consultation beginning on June 25, 2018; NMG is vicariously liable on the part of Dr. Choudry, as well as co-defendants, NP Sinon, Dr. Sinha, Dr. Holland, and Dr. Alampur in rendering treatment to Plaintiff; Dr. Holland negligently failed to take measures as the collaborating physician with NP Sinon PA, which would have prevented the occurrence of the stroke when PA Sinon treated Plaintiff from April 2, 2018 through November 13, 2018; and Dr. Holland is vicariously liable for her actions.

On October 8, 2020, Defendants Angela Sinon, FNP, Dr. Sinha, Dr. Holland, Dr. Alampur, NMG, and the Sinha Defendants, joined issue by service of an Answer to the Amended Complaint.

Defendants now move for summary judgment.

#### **SUMMARY JUDGMENT AS TO MEDICAL MALPRACTICE**

A defendant physician moving for summary judgment must make a prima facie showing of entitlement to judgment as a matter of law by establishing the absence of a triable issue of fact as to his or her alleged departure from accepted standards of medical practice, or by establishing that the plaintiff was not injured by such treatment (*see Alvarez v Prospect Hosp.*, 68 NY2d 320, 324 [1986]; *Frye v Montefiore Med. Ctr.*, 70 AD3d 15 [1st Dept 2009]; *McGuigan v Centereach Mgt. Group, Inc.*, 94 AD3d 955 [2d Dept 2012]; *Sharp v Weber*, 77 AD3d 812 [2d Dept 2010]; *see generally Stukas v Streiter*, 83 AD3d 18 [2d Dept 2011]). To satisfy this burden, the defendant must present expert opinion testimony that is supported by the facts in the record, addresses the essential allegations in the complaint or the bill of particulars, and is detailed, specific, and factual in nature (*see Roques v Noble*, 73 AD3d 204, 206 [1st Dept 2010]; *Joyner-Pack v Sykes*, 54 AD3d 727 [2d Dept 2008]; *Koi Hou Chan v Yeung*, 66 AD3d 642 [2d Dept 2009]; *Jones v Ricciardelli*, 40 AD3d 935 [2d Dept 2007]).

Once the defendant establishes prima facie entitlement to judgment as a matter of law, the burden shifts to the plaintiff to demonstrate the existence of a triable issue of fact by submitting an expert's affidavit or affirmation attesting to a departure from accepted medical practice and that such departures were a competent producing cause of the plaintiff's injuries (*see Roques*, 73 AD3d at 207; *Landry v Jakubowitz*, 68 AD3d 728 [2d Dept 2009]; *Luu v Paskowski*, 57 AD3d 856 [2d Dept 2008]). Moreover, the plaintiff must show, through a medical expert, both a departure from accepted standards of medical care and that the treatment rendered by the defendants was a proximate cause of the plaintiff's injuries (*see e.g. Prete v Rafla-Demetrious*, 224 AD2d 674 [2d Dept 1996]; *Canter v Mulnick*, 60 NY2d 689 [1983]; *see also Fridovich v David*, 188 AD2d 984 [3d Dept 1992]; *Ferrara v South Shore Orthopedic Associates*, 178 AD 2d 364 [1st Dept 1991]). In the absence of evidence that defendant's conduct was a proximate cause of plaintiff's injury, summary judgment must be granted to defendant as a matter of law. *Id.* "General allegations of medical malpractice, merely conclusory in nature and unsupported by competent evidence tending to establish the essential elements of the claim, are insufficient to defeat a defendant physician's entitlement to summary judgment." *Holbrook v. United Hosp. Medical Ctr.*, 248 A.D.2d 358, 669 N.Y.S.2d 631 (2d Dep't 1998)

However, "[s]ummary judgment is not appropriate . . . [when] the parties [submit] conflicting medical expert opinions because [s]uch conflicting expert opinions will raise credibility issues which can only be resolved by a jury" (*Cummings v Brooklyn Hosp. Ctr.*, 147 AD3d 902, 904 [2d Dept 2017], quoting *DiGeronimo v Fuchs*, 101 AD3d 933 [2d Dept 2012] [internal quotation marks omitted]; *see Elmes v Yelon*, 140 AD3d 1009 [2d Dept 2016]; *Leto v Feld*, 131 AD3d 590 [2d Dept 2015]).

**SUMMARY JUDGMENT MOTION OF DR. UMA S. ALAMPUR**

In support of her motion for summary judgment, Defendant Dr. Alampur submits the affirmation of board-certified Neurologist Alan Z. Segal, M.D. (“Dr. Segal”) who opines that Dr. Alampur met the standard of care and did not proximately cause the Plaintiff’s injuries. Specifically, Dr. Segal asserts that the standard of care for a consultant evaluating longstanding neurological symptoms requires a thorough physical examination and a routine outpatient workup, rather than urgent hospitalization or emergency intervention. He emphasizes that because Plaintiff’s neurological examination was entirely normal and his symptoms were chronic, the standard did not necessitate immediate diagnostic testing, antiplatelet medication, or genetic screening. According to Dr. Segal, Dr. Alampur’s plan to review prior imaging and refer the patient to a Hematologist was an appropriate, “overly thorough” response that exceeded the standard of care of a prudent Neurologist. Further, he opines that Dr. Alampur’s detailed note taking satisfied the standard for medical documentation since it recorded the patient’s history, objective findings, and diagnostic plan. Dr. Segal concludes that the stroke was caused by pre-existing risk factors—smoking and hypertension—and not by any departure from the accepted practice of performing a routine, non-emergent evaluation, as alleged by Plaintiff.

The Court finds that Dr. Alampur’s expert affirmation has established prima facie entitlement to judgment as a matter of law.

In Opposition, Plaintiff submits the affirmation of a board-certified Internist, Hematologist, and Medical Oncologist,<sup>3</sup> who opines, to a reasonable degree of medical certainty, that Dr. Alampur departed from accepted standards of medicine by failing to provide Plaintiff with the standard and accepted measures for stroke identification and prevention. Specifically, Expert A

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<sup>3</sup> Plaintiff has redacted the name of their expert pursuant to CPLR 3101(d). The expert shall be referred to as “Expert A.”

opines that Dr. Alampur significantly deviated from the standard of care in the treatment of Plaintiff by disregarding the imminent threat of stroke posed by significantly elevated hematocrit and hemoglobin, indicative of erythrocytosis/polycythemia.

Expert A asserts that Dr. Alampur failed to timely act upon Plaintiff's critical presentation, neglected to advise him of the acute stroke risk, and did not recommend that he immediately seek a Hematologist or present to a hospital emergency room for an urgent hematology consult. Furthermore, Expert A states that Dr. Alampur failed to advise the Plaintiff to immediately begin taking standard-of-care antiplatelet medication, such as aspirin, which, if administered, would have prevented his stroke. Expert A highlights that the standard of care in such a situation involves the prompt administration of antiplatelet medications for prophylaxis and an immediate referral to a Hematologist or emergency room for further diagnostic workup and treatment, including potential phlebotomy, which Dr. Alampur failed to do. These departures, according to Plaintiff's expert, caused Plaintiff to experience a stroke, which had lasting and otherwise preventable effects on Plaintiff's health.

Expert A's affirmation raises a triable issue of fact as to whether Dr. Alampur's failure to diagnose an imminent threat of stroke and adequately communicate the urgency of the hematology referral and consultation to Plaintiff, constitutes a departure from the standard of care, and whether these departure caused Plaintiff's stroke (*see Johnson v St. Barnabas Hosp.*, 52 AD3d 286 [1st Dept 2008], *lv denied* 11 NY3d 705 [2008]; *Landau v Rappaport*, 306 AD2d 446 [2d Dept 2003]; *Nabozny v Cappelletti*, 267 AD2d 623 [3d Dept 1999]; *Johnson v Jacobowitz*, 65 AD3d 610 [2d Dept 2009]).

Accordingly, Dr. Alampur's motion for summary judgment is denied.

**CROSS-MOTION OF DR. SUBBARAO CHOUDRY AND NMG**

In support of the cross-motion, Dr. Choudry submits the expert affirmations of board-certified Neurologist, Alan Z. Segal, M.D. (“Dr. Segal”) and board-certified Psychiatrist and Neurologist, Alexander E. Merkler, MD (“Dr. Merkler”).

Dr. Segal opines, with a reasonable degree of medical certainty, that Dr. Choudry met the applicable standard of care in his management and counseling of the Plaintiff prior to the stroke. He affirms that the standard of care required Defendant to identify, address, and manage the Plaintiff’s primary modifiable risk factors for stroke—namely hypertension and chronic cigarette smoking. Dr. Segal asserts that Dr. Choudry fulfilled these clinical obligations by ensuring the hypertension was addressed and by “adequately counsel[ing]” the Plaintiff regarding the specific dangers of cigarette smoking on “numerous occasions.” Dr. Segal emphasizes that the standard of care did not require more aggressive intervention or urgent hospitalization at the time of Dr. Choudry’s involvement in Plaintiff’s care, as significant carotid disease had already been ruled out by a normal ultrasound on November 5, 2018, and negative results of previous cardiac testing.

Similarly, Dr. Merkler opined to a reasonable degree of medical certainty that Plaintiff’s longstanding history of cigarette smoking, and hypertension put him at an increased risk of stroke, and that indeed his strokes were caused by stenosis of the left carotid artery, and not by a hypercoagulable condition or Dr. Choudry’s care and treatment of the Plaintiff. Dr. Merkler’s expert affirmation also establishes that nothing Dr. Choudry did or failed to do proximately caused Plaintiff’s alleged injuries.

While Plaintiff argues that Defendants’ burden is not met because of differing theories of causation in their expert affirmations, the Court disagrees. To establish prima facie entitlement to summary judgment, a defendant must demonstrate through a factual and detailed expert affirmation that their actions did not depart from the standard of care or proximately cause the

Plaintiff's injuries (*Alvarez v Prospect Hosp.*, 68 NY2d 320 [1986]; *Adams v Pilarte*, 152 AD3d 97 [1st Dept 2017]). A defendant meets this burden even in the face of contradictory theories by providing an expert opinion that affirmatively negates the Plaintiff's theory of causation based on an alleged deviation of the standard of care as against the defendants (*Roques v Noble*, 73 AD3d 204 [1st Dept 2010]; *Diaz v NY Downtown Hosp.*, 99 NY2d 542 [2002]).

In this regard, the Court finds that Dr. Choudry has established prima facie entitlement to judgment as a matter of law through his expert affirmations (*Ducasse v New York City Health & Hospital Corp.*, 148 AD3d 434, 436 [1st Dept 2017]).

In opposition to Dr. Choudry's motion, Plaintiff submits the affirmation of Expert A, a board-certified Internist, Hematologist, and Medical Oncologist, who is the same expert that opposed Dr. Alampur's motion. Expert A opines that Dr. Choudry deviated from the accepted standard of medical care by failing to recognize and treat the "ominous" signs of erythrocytosis, a condition characterized by abnormally high red blood cell concentration and increased blood viscosity. According to Expert A, the standard of care required Dr. Choudry to initiate immediate pharmacological prophylaxis—specifically aspirin—and to facilitate an urgent referral for phlebotomy to thin the Plaintiff's blood. Contrary to Dr. Segal's contentions, Expert A opines that Dr. Choudry ignored "classic" symptoms such as red skin, persistent dizziness, and hypertension, which, when combined with abnormal lab values dating back to 2013, signaled an impending and "entirely preventable" stroke.

Regarding causation, Expert A concludes that Dr. Choudry's substandard care of the Plaintiff was the proximate cause of Plaintiff's ischemic stroke. Expert A explains that the increased blood viscosity created a life-threatening environment where thick, slow-moving blood either formed a thrombus or dislodged atherosclerotic plaques, leading to the occlusion of a blood vessel in the brain. Plaintiff's expert contends that had Dr. Choudry provided a simple anti-platelet

medication like aspirin or ensured a timely phlebotomy, the Plaintiff's red blood cell concentration would have been reduced and the clotting risk negated.

Based on the foregoing, Expert A raises issues of triable fact as to whether Dr. Choudry's failure to adequately address the Plaintiff's underlying erythrocytosis was a departure from the standard of care, and whether this departure caused Plaintiff's stroke, thus, rebutting Defendant Dr. Choudry's prima facie showing (*see Johnson v St. Barnabas Hosp.*, 52 AD3d 286 [1st Dept 2008], *lv denied* 11 NY3d 705 [2008]; *Landau v Rappaport*, 306 AD2d 446 [2d Dept 2003]; *Nabozny v Cappelletti*, 267 AD2d 623 [3d Dept 1999]; *Johnson v Jacobowitz*, 65 AD3d 610 [2d Dept 2009]).

With respect to the claims of vicarious liability of NMG based on the actions of Dr. Choudry and Dr. Alampur, dismissal is not warranted as to NMG since triable issues of fact exist as to both physicians who are employed by NMG. It is well settled that when triable issues of fact exist as to the care and treatment by a physician-employee, and whether such treatment proximately caused Plaintiff's alleged injuries, dismissal is not warranted against the employer-hospital/entity, who may be held vicariously liable under the doctrine of respondeat superior for the negligence or malpractice of its employees acting within the scope of employment (*see Sessa v Peconic Bay Medical Center*, 200 AD3d 1085 [2d Dept 2021]; *Klippel v Rubinstein*, 300 AD2d 448 [2d Dept 2002]; *Rivera v County of Suffolk*, 290 AD2d 430 [2d Dept 2002]).

Accordingly, Dr. Choudry's and NMG's cross-motion for summary judgment is denied.

#### **CROSS-MOTION OF ANGELA SINON, NP**

In support of her cross-motion, NP Sinon submits the expert affirmation of Alexander E. Merkler, MD, MS ("Dr. Merkler"), a board-certified Psychiatrist and Neurologist, who, to a reasonable degree of medical certainty, opines that NP Sinon's care met acceptable medical standards and was not the cause or contribution of the Plaintiff's subsequent left middle cerebral

artery strokes or any other claimed damages. Specifically, regarding the treatment provided at Vassar on June 1, 2018, Dr. Merkler opines that the standard of care did not require the nursing or non-physician medical staff, which included NP Sinon to evaluate or treat the Plaintiff for polycythemia or erythrocytosis secondary to methylenetetrahydrofolate reductase and prothrombin gene variants. Dr. Merkler concludes that nothing this medical staff did or failed to do proximately caused or contributed to the Plaintiff's subsequent left middle cerebral artery strokes. He specifically notes that these strokes were not caused by a hypercoagulability issue but were instead the result of focal carotid artery stenosis and longstanding risk factors such as smoking and hypertension.

Dr. Merkler further contends that there is no merit to the claims against the non-physician medical staff, as the injuries were caused by a physical blockage in the carotid artery that would not have been prevented by the treatments the Plaintiff alleges were omitted. Dr. Merkler points out that the standard treatment for the hematological conditions the Plaintiff claims were missed is anticoagulation therapy—the exact treatment the Plaintiff was already receiving when he suffered subsequent strokes and Transient Ischemic Attacks (“mini-strokes”). As a result, Dr. Merkler concludes that even if NP Sinon and the staff had diagnosed the condition in the emergency department, the Plaintiff would have “nonetheless still suffered this same stroke.”

Based on the expert opinion of Dr. Merkler, NP Sinon has established prima facie entitlement to judgment as a matter of law (*see Ducasse v New York City Health & Hospital Corp.*, 148 AD3d 434, 436 [1st Dept 2017]).

While Plaintiff, in opposition, raises a triable issue of fact based on the affirmation of Expert A<sup>4</sup> which concluded that NP Sinon departed from the standard of care by failing to address

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<sup>4</sup> Expert A also opines in opposition as to the cross-motion of Defendants Dr. Alampur, Dr. Choudry and NMG.

Plaintiff's underlying erythrocytosis, and proximately caused the Plaintiff's stroke, it is undisputed that NP Sinon acted under the supervision of Dr. Holland.<sup>5</sup> As a result, summary judgment dismissing Plaintiff's complaint against NP Sinon is warranted. It is well settled that when supervised medical personnel are not exercising their independent medical judgment, they cannot be held liable for medical malpractice unless the directions from the supervising superior or doctor so greatly deviates from normal medical practice that they should be held liable for failing to intervene (*see Soto v Andaz*, 8 AD3d 470 [2004]; *Costello v Kirmani*, 54 AD3d 656 [2008]; *Crawford v Sorkin*, 41 AD3d 278 [2007]).

Accordingly, the Defendant NP Sinon's cross-motion for summary judgment is granted.

**CROSS-MOTION OF THE SINHA DEFENDANTS AND DR. ROBERT HOLLAND**

The respective cross-motions of the Sinha Defendants and Dr. Holland<sup>6</sup> rely on the expert affirmation of Dr. Merkler, a board-certified Psychiatrist and Neurologist, which is insufficient to meet this burden. Upon review of Dr. Merkler's affirmation, the Court finds that it offers generalized medical conclusions only, and provides minimal, if any, substantive reference to the specific care and treatment rendered by the Sinha Defendants and Dr. Holland. Since Dr. Merkler fails to provide a tailored fact specific analysis of the treatment provided by the moving Defendants his opinion fails to establish prima facie entitlement to summary judgment as to the Sinha Defendants and Dr. Holland. It is well settled that, to satisfy this burden, a defendant must present expert opinion testimony that is supported by the facts in the record, addresses the essential allegations in the complaint or the bill of particulars, and is detailed, specific, and factual in nature (*see Gamble v New York*, 2025 NYLJ LEXIS 2680; 2025 LX 382173; *Roques v Noble*, 73 AD3d

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<sup>5</sup> See Plaintiff's Affirmation in Opposition to Cross-Motions for Summary Judgement, page 12, footnote no. 3.

<sup>6</sup> The Court consolidates the respective cross-motions for summary judgment submitted by the Sinha Defendants and Dr. Holland for purposes of disposition.

204, 206 [1st Dept 2010]; *Joyner-Pack v Sykes*, 54 AD3d 727 [2d Dept 2008]; *Koi Hou Chan v Yeung*, 66 AD3d 642 [2d Dept 2009]; *Jones v Ricciardelli*, 40 AD3d 935 [2d Dept 2007]).

Accordingly, the cross motions of the Sinha Defendants and Dr. Holland are denied as a matter of law.

As to Plaintiffs' cause of action for loss of consortium, dismissal is precluded since it is derivative of the injured spouse's right to damages for any injuries sustained as a result of the Defendants' alleged malpractice (*see Liff v Schildkrout*, 49 NY2d 622 [1980]).

Based on the foregoing, it is hereby

**ORDERED**, that Dr. Alampur's motion is denied in its entirety; and it is further

**ORDERED**, that the cross-motion of Defendants', Subbarao Choudry, M.D. ("Dr. Choudry") and Northern Medical Group, PLLC ("NMG"), is denied in its entirety; and it is further

**ORDERED**, that the cross-motion of Defendants', Rabi Sinha, M.D. ("Dr. Sinha") and Rabi Sinha, M.D. Physician, P.C. d/b/a Community Primary Care, is denied in its entirety; and it is further

**ORDERED**, that the cross-motion of Defendant Robert C. Holland, M.D. is denied in its entirety; and it is further

**ORDERED**, that the summary judgment motion of Defendant Angela Sinon, N.P. s/h/a Angel Sinon, F.N.P., is granted and all claims in Plaintiff's Complaint as to Defendant Angela Sinon, N.P. s/h/a Angel Sinon, F.N.P. are dismissed; and it is further

**ORDERED**, that Defendant NP Sinon is to serve a copy of this order upon the Plaintiff with notice of entry within twenty (20) days of entry of this order; and it is further

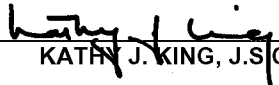
**ORDERED** that within twenty (20) days of the date of this Order, Defendant NP Sinon shall serve a copy of this Order upon the County Clerk and the Clerk of the General Clerk's Office, which shall be effectuated in accordance with the procedures set forth in the Protocol on

Courthouse and County Clerk Procedures for Electronically Filed Cases, accessible at the “E-Filing” page on the court’s website; and it is further

**ORDERED** that the Clerk is directed to enter judgment in accordance with this Order; and it is further

**ORDERED** that the remaining parties shall appear for a virtual settlement/pre-trial conference on July 29, 2026, at 10:00am, after consultation with the Court’s Alternative Dispute Resolution (ADR) department. The ADR Order and specific date, time, and appearance link for the virtual conference shall be set forth in subsequent correspondences by the Court.

This constitutes the decision and order of the Court.

1/12/2026 DATE					 KATHY J. KING, J.S.C.
CHECK ONE:	<input type="checkbox"/>	CASE DISPOSED	<input checked="" type="checkbox"/>	NON-FINAL DISPOSITION	
	<input type="checkbox"/>	GRANTED	<input type="checkbox"/>	GRANTED IN PART	<input checked="" type="checkbox"/> OTHER
APPLICATION:	<input type="checkbox"/>	SETTLE ORDER	<input type="checkbox"/>	SUBMIT ORDER	
CHECK IF APPROPRIATE:	<input type="checkbox"/>	INCLUDES TRANSFER/REASSIGN	<input type="checkbox"/>	FIDUCIARY APPOINTMENT	<input type="checkbox"/> REFERENCE