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August 28, 2024

Filed Via ECF

Courtesy Copy Via Federal Express

Honorable Gary R. Brown
United States District Judge
U.S. District Court
Eastern District of New York
100 Federal Plaza
Central Islip, NY 11722

RE: *United States v. Daniel Colucci*
Criminal Docket No. 23-CR-00417-001 (GRB)

Dear Judge Brown:

As you may recall, the above-referenced Defendant was sentenced by you on August 5, 2024 to a term of imprisonment of nine (9) months. You further provided that if the Defendant was designated to serve his sentence at the Metropolitan Detention Center, you would vacate his sentence and resentence him to home incarceration. Although a voluntary surrender date of September 17, 2024 has been established, to my knowledge, no facility designation has been made yet.

As part of the Defendant's normal follow up medical care, it was just learned that he now suffers from Atrial Fibrillation as is described in the medical notes of his cardiologist, on pages 4-5 thereof (copy enclosed).

As this emergent medical condition is just being diagnosed and the treatment not yet prescribed, I respectfully request that you resentence the Defendant to home incarceration which hopefully would allow the Defendant to continue the treatment of his previously discovered prostate cancer, and begin diagnosis and treatment of this emergent condition. I am specifically not requesting that his incarceration be postponed, but that he begin his sentence on September 17, 2024 by serving his sentence in home incarceration with the added provision that he be allowed to visit his medical professionals now treating him, as arranged with the Department of Probation.

I respectfully suggest that this will allow the Defendant to meet all of your concerns about serving a sentence at Metropolitan Detention Center while giving him the opportunity to be properly treated for his just diagnosed medical condition.



Thank you for your consideration of this request.

Very truly yours,

A handwritten signature in blue ink, appearing to read 'R. S. Kestenbaum', written over the typed name.

Richard S. Kestenbaum
RSK/dos
Encl.

Cc: Charles P. Kelly
Assistant United States Attorney
Via Email: Charles.Kelley@USDOJ.gov

Meghan Wing
United States Probation Officer
Via Email: Meghan_Wing@NYEP.UScourts.gov

8/23/24, 11:25 AM

NYU Langone Health MyChart - Past Visit Details

Name: Daniel P Colucci | DOB: 7/5/1949 | MRN: 12425270 | PCP: William J Bennett, MD | Legal Name: Daniel P Colucci

Office Visit - Aug 21, 2024

with Philip D Ragno, MD at NYU Langone Island Cardiac Specialists - Garden City

Shared Notes

Progress Notes - Clinical Notes

Philip D Ragno, MD at 8/21/2024 10:15 AM

BMI Counseling

Body mass index is 29.8 kg/m².

His BMI is above normal. He was counseled regarding maintaining a healthy weight by focusing on healthy eating, portion control and exercise.

He will follow up in a few months for re-evaluation.

Philip D Ragno, MD at 8/21/2024 10:15 AM

Chief Complaint:

This is a 75 y.o. male patient here today for Hyperlipidemia, Abnormal EKG, and Cardiac Valve Problem

Patient Active Problem List

Diagnosis	Date Noted
• New onset atrial fibrillation	08/21/2024
• Prostate CA	01/11/2024
• Right flank pain	08/31/2023
• Hyperglycemia	02/24/2022
• Heart murmur	08/19/2021

Overview Note:

Formatting of this note might be different from the original.
"congenital"

• Abnormal EKG	03/04/2021
• Ventricular arrhythmia	
• HLD (hyperlipidemia)	
• Obesity	
• BPH (benign prostatic hyperplasia)	

Past Surgical History:

Procedure	Laterality	Date
• ARTHROSCOPY <i>Right knee</i>		
• CHOLECYSTECTOMY		
• ELBOW SURGERY <i>right</i>		
• HAND SURGERY <i>Right</i>		
• VASECTOMY		

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Family History

Problem	Relation	Age of Onset
• Stroke	Mother	
• Lymphoma	Father	

Social History**Socioeconomic History**

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: Yes
Comment: 5-7 glasses a week
- Drug use: No
- Sexual activity: Not on file

Other Topics

- Not on file
- Concern

Social History Narrative

- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

Outpatient Medications Marked as Taking for the 8/21/24 encounter (Office Visit) with Philip D Ragno, MD

Medication	Sig	Dispense	Refill
• doxycycline hyclate (PERIOSTAT) 20 mg tablet	Take 40 mg by mouth daily.		
• losartan (COZAAR) 25 mg tablet	TAKE 1 TABLET BY MOUTH DAILY	90 tablet	3
• pravastatin (PRAVACHOL) 20 mg tablet	TAKE 1 TABLET BY MOUTH DAILY	90 tablet	3
• clindamycin (CLEOCIN T) 1 % lotion	APPLY TO FACE IN THE MORNING		
• metFORMIN (GLUCOPHAGE-XR) 500 mg XR XR tablet	500 mg daily.		
• LUMIGAN 0.01 % Drop	daily.		

History of Present Illness:

This patient is a 75 y.o. male patient with a history of ventricular arrhythmias,

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hyperlipidemia, obesity, BPH, and rosace presents today for follow up. Since his last evaluation, the patient has noted intermittent periods of lightheadedness. He possibly attributes this to his radiation therapy which he received for his prostate carcinoma as well as ongoing personal stress.
He denies chest discomfort, dyspnea, palpitations, or syncope.
He denies any stimulant use.

Review of Systems

Constitutional:

Refer to HPI

Respiratory:

Refer to HPI

Cardiovascular:

Refer to HPI

Genitourinary:

See HPI

All other systems reviewed and are negative.

Visit Vitals

BP	118/76 (Site: Right Arm, Position: Sitting)
Pulse	97
Resp	16
Ht	1.727 m (5' 8")
Wt	88.9 kg (196 lb)
SpO2	97%
BMI	29.80 kg/m ²

Physical Exam

Vitals reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: He is not diaphoretic.

Comments: **Well-developed overweight male in no somatic distress**

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Vascular: No JVD.

Trachea: No tracheal deviation.

Cardiovascular:

Rate and Rhythm: Tachycardia present. Rhythm irregularly irregular. No extrasystoles are present.

Pulses: Normal pulses. No decreased pulses.

Heart sounds: Murmur heard.

Decrescendo systolic murmur is present with a grade of 3/6.

No friction rub. No gallop.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness. There is no rebound.

Hernia: No hernia is present.

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Musculoskeletal:

General: Normal range of motion.
 Cervical back: Normal range of motion and neck supple.
 Right lower leg: No edema.
 Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.
 Gait: Gait is intact.

Psychiatric:

Mood and Affect: Mood and affect normal.
 Cognition and Memory: Memory normal.
 Judgment: Judgment normal.

Diagnostic Testing:

12 Lead EKG: Personally reviewed:

EKG 12-LEAD (no units)

Date	Value	Status
08/21/2024	Ventricular Rate: 105 BPM Atrial Rate: 202 BPM QRS Duration: 88 ms Q-T Interval: 328 ms QTC Calculation(Bazett): 433 ms R Axis: 1 degrees T Axis: 7 degrees Atrial fibrillation with rapid ventricular response with premature ventricular or aberrantly conducted complexes Low voltage QRS Nonspecific ST abnormality Atrial fibrillation	

Last TTEchocardiogram: 1/2023 moderate left atrial dilatation. The inferolateral (posterior) wall is mild hypertrophied. LV ejection fraction is normal (60 %). Grade I left ventricular diastolic dysfunction with normal left atrial pressure. -There is mild to moderate mitral regurgitation. There is mild to moderate tricuspid regurgitation.

Last TEEchocardiogram:

Last Stress Test:

Last Nuclear Stress Test: 5/2021 9 METS 7 minutes 40 seconds, SPECT without evidence of ischemia/infarction

Last Stress Echocardiogram:

Last Cardiac Catheterization:

Last Carotid Doppler:

Last CT Angiogram of the Coronaries/Coronary Calcium Score:

Last Holter Monitor:

Visit Diagnosis:

Encounter Diagnoses

Name	Primary?
• Mixed hyperlipidemia	Yes
• Abnormal EKG	
• New onset atrial fibrillation	
• Prostate CA	

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NYU Langone Health MyChart - Past Visit Details

Assessment and Plan:

Patient with a medical history as delineated above. The patient now presents for ongoing treatment cardiac risk factors.

Clinically, the patient is complaining of lightheadedness. I do not believe it is related to his radiation therapy.

He is in new onset atrial fibrillation which is likely the culprit. I explained to the patient that losing atrial contraction can result in reduced efficiency of the heart and can be contributing to his presenting complaint.

He is also aware that atrial fibrillation can increase the risk of stroke.

Therefore, he will require initiation of anticoagulation.

His last normal electrocardiogram appears to have been taken in April of this year.

Therefore, we cannot be sure of when he converted into atrial fibrillation.

He will undergo an EP consultation today which will help to direct his treatment.

His underlying mitral regurgitation might be one of the etiologies for his arrhythmia. In patients of this age group, we also need to exclude underlying ischemic heart muscle disease.

These issues will be addressed once the patient's rhythm has been stabilized.

Electrolyte panels, CBC, T4, TSH and magnesium levels were sent to rule out a metabolic etiology to his arrhythmia.

Mixed hyperlipidemia:

The patient will continue pravastatin 20 mg daily.

A lipid panel will be sent.

Hypertension:

The patient will continue losartan 25 mg.

A renal panel was sent.

All questions answered at length. He does know to call with any cardiovascular concerns.

Follow-up:

Return to office in 6 months.

Patient Instructions - Clinical Notes

Philip D Ragno, MD at 8/21/2024 10:15 AM

Weight Management: Fact and Fiction

Knowing the truth about losing weight can help you separate what works from what doesn't. Don't be taken in by expensive weight-loss fads, such as pills, herbs, or special foods, that promise unbelievable results. There's no magic way to lose weight. If you have questions about weight loss, ask your healthcare provider.

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Fiction: "The faster I lose weight, the better."

Fact: Rapid weight loss is usually because of loss of water or muscle mass. What you're trying to get rid of is extra fat. Aim to lose a 1/2 pound to 2 pounds a week. Then you're more likely to lose fat rather than water or muscle.

Fiction: "I can't start exercising until I lose weight."

Fact: The sooner you start exercising the better. Exercise helps burn more calories, tone your muscles, and keep your appetite in check. People who continue to exercise after they lose weight are more likely to keep the weight off.

Fiction: "The fewer calories I eat, the better."

Fact: This seems like it should be true, but it's not. When you eat too few calories, your body acts as if it's on a desert island. It thinks food is scarce, so it slows down how fast you burn calories (your **metabolism**) to save energy. By eating too few calories, you make it harder to lose weight.

Fiction: "Once I lose weight, I can go back to living the way I did before."

Fact: Going back to your old eating habits and giving up exercise is a sure way to regain any weight you've lost. The lifestyle changes that help you lose extra weight can also help keep it off. This is why you need to make realistic changes you can stick with.

Fiction: "Low-fat and fat-free mean low-calorie."

Fact: All foods, even fat-free ones, have calories. Eat too many calories and you'll gain weight. It's OK to treat yourself to a fat-free cookie or 2. Just don't eat the whole box! A dietitian will help you figure this out. Learn to read nutrition labels to see what you are really eating.

StayWell last reviewed this educational content on 12/1/2022

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Result Encounter Note - Clinical Notes

Arlene Silvers at 8/21/2024 10:15 AM

Results reviewed and patient was notified.

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AFTER VISIT SUMMARY

Daniel P. Colucci DoB: 7/5/1949

📅 8/21/2024 10:15 AM 📍 NYU Langone Island Cardiac Specialists - Garden City 516-877-2626

Instructions from Philip D Ragno, MD

Your personalized instructions can be found at the end of this document.



Today's medication changes

🔔 **START** taking:
rivaroxaban (XARELTO)
Started by: Seth R Bender, MD

Accurate as of August 21, 2024 2:26 PM.
Review your updated medication list below.



Pick up these medications at CVS/pharmacy #0997
206 GLEN COVE AVENUE, GLEN COVE, NY 11542
516-676-1334 516-676-0653

• rivaroxaban
Your estimated payment per fill: \$47

Address: 206 GLEN COVE AVENUE, GLEN COVE NY 11542
Phone: 516-676-1334

What's Next

SEP 3 2024 Follow Up Appointment
Tuesday September 3 2:30 PM
Arrive 15 minutes prior to appointment.

NYU Langone Island
Cardiac Specialists -
Garden City
1401 Franklin Avenue
Garden City NY
11530-1613
516-877-2626

Information and Instructions About My Care

Today's Visit



You saw Philip D Ragno, MD on Wednesday August 21, 2024 for:

- Hyperlipidemia
- Abnormal EKG
- Cardiac Valve Problem

The following issues were addressed:

- Mixed hyperlipidemia
- Abnormal EKG
- New onset atrial fibrillation
- Prostate CA



Blood Pressure
118/76



BMI
29.80



Weight
196 lb



Height
5' 8"



Pulse
97



Respiration
16



Oxygen Saturation
97%



Done Today

LIPID PANEL

THYROID STIMULATING HORMONE

T4, FREE, NON-DIALYSIS

MAGNESIUM

COMPREHENSIVE METABOLIC PANEL

CBC WITH DIFFERENTIAL

EKG 12-LEAD