filename: OMC Report Sample - Cardio.pdf
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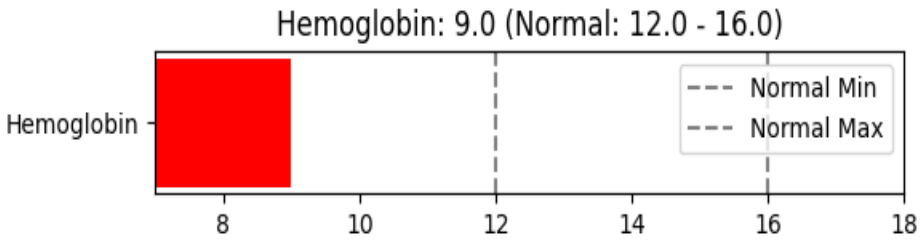
Hemoglobin Chart



Doctor Summary

In this case, it appears that a large infrarenal abdominal aortic aneurysm was missed during the patient's evaluation. This oversight is unfortunate because such an aneurysm can be life-threatening if not treated appropriately.

Here are some key points to consider:

1. When a thoracic aortic aneurysm (4.9 cm in this case) and celiac artery involvement were discovered, the rest of the abdominal aorta should have been imaged. This is because the majority of degenerative or atherosclerotic aneurysms develop in the infrarenal segment of the aorta.

2. An aneurysm of this size does not grow to such dimensions in a short period of time, so its absence during multiple abdominal examinations by different physicians raises doubts about the thoroughness of these evaluations.

3. When performing a pulmonary artery CT scan, the radiologist should have continued imaging the rest of the aorta at that juncture. No order or permission would have been required for this additional imaging.

4. The primary focus in this case was appropriately on the patient's syncope, which was thoroughly addressed and managed. However, when a thoracic aneurysm and celiac artery involvement were discovered, the rest of the abdominal aorta should have been evaluated as well.

5. Had the abdominal aorta been imaged in its entirety, the outcome might have been more favorable for the patient. This missed opportunity for proper diagnosis and treatment is a deviation from the standard of care.

6. While it's difficult to determine the involved practitioner's state of mind retrospectively, the care

provided on this point fell below the standard of care. The allegation of "failure to evaluate a patient with syncope and thoracic aneurysm for abdominal aortic aneurysm" has merit.

7. It's important to note that effective communication between healthcare providers is crucial in ensuring proper diagnosis and treatment, as demonstrated by this case. A collaborative approach can help prevent such oversights and improve patient outcomes.

Patient Summary

Based on the provided information, it appears that a large infrarenal abdominal aortic aneurysm was not discovered during the patient's hospital stay due to the aorta not being imaged in its entirety. This could have significantly impacted the patient's outcome as the aneurysm was large and urgent, possibly bordering on emergent indication for repair.

The primary focus seemed to be on the patient's syncope (fainting or sudden loss of consciousness), which was appropriately addressed. However, when a 4.9cm aortic aneurysm was discovered at the level of the diaphragm along with celiac artery involvement, the rest of the aorta should have been imaged. Had this been done, there is a high probability that the outcome would have been much more favorable.

In conclusion, while the care provided for the patient's syncope was appropriate and well-handled, the failure to evaluate a patient with thoracic aneurysm for abdominal aortic aneurysm fell below the standard of care. The radiologist performing or reading the pulmonary artery CT scan could have continued imaging the rest of the aorta at that juncture, as it did not require an order or permission for same.