

Doctor Summary

In this case, it appears that the patient, Ms., had a significant ectasia and calcification of the thoracic aorta, as well as a 4.9 cm aortic aneurysm at the level of the diaphragm involving the celiac artery. However, the rest of the intraabdominal aorta was not imaged. Had this been done, a large infrarenal abdominal aortic aneurysm would likely have been discovered, and the patient would have undergone a different procedure with a significantly reduced risk. The primary focus was on the patient's syncope, which was appropriately addressed, but when the 4.9 cm aortic aneurysm was discovered at the level of the diaphragm along with celiac artery involvement, the rest of the aorta should have been imaged. This oversight fell below the standard of care. The radiologist reading and/or performing the pulmonary artery CT scan should have continued imaging the rest of the aorta at that juncture, as they did not need an order or permission for this. The Board's allegation of "failure to evaluate a patient with syncope and thoracic aneurysm for abdominal aortic aneurysm" has merit, and the care received by this patient on this point fell below the standard of care. Overall, this is an unfortunate case, and while the focus on the patient's syncope was appropriate and well-executed, the failure to thoroughly evaluate the aorta resulted in less favorable outcomes.

Patient Summary

In this case, it appears that the patient, Ms., was not fully worked up to exclude an infrarenal abdominal aortic aneurysm. Although the primary focus was on the patient's syncope, which was appropriately addressed, the rest of the aorta should have been imaged when a 4.9cm aortic aneurysm was discovered at the level of the diaphragm along with celiac artery involvement. Had this been done, there is a high probability that the outcome would have been much more favorable for the patient. The radiologist reading and/or performing the pulmonary artery CT scan should have continued imaging the rest of the aorta at that juncture, as the Board's allegation of "failure to evaluate a patient with syncope and thoracic aneurysm for abdominal aortic aneurysm" has merit. The care this patient received fell below the standard of care. The review of records included communication from the licensee, initial complaint letter, hospital records, medical center records, image CDs from Hospital, and image CD from Center.