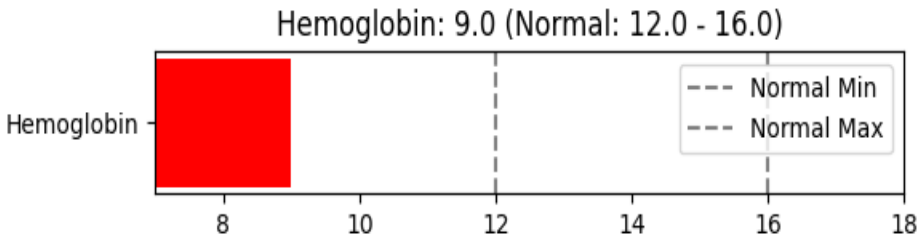
filename: OMC Report Sample - Cardio.pdf
page_count: 4
title: OMC Report Sample - Cardio.pdf
patient_name: Unknown
gender: Unknown
dob: Unknown
report_date: Unknown
lab_name: ■emergency■department■on■03/16/2006■with■the■chief■
test_type: Unknown

Hemoglobin Chart



Doctor Summary

In this case, it appears that the patient, Ms., was not thoroughly evaluated for an abdominal aortic aneurysm despite having significant ectasia and eccentric calcification of the aortic wall, along with a 4.9 cm aortic aneurysm at the level of the diaphragm and celiac artery involvement. The rest of the intraabdominal aorta should have been imaged due to the known location and size of the aneurysm, as the vast majority of infrarenal aneurysms are asymptomatic. Had this been done, the very large infrarenal abdominal aortic aneurysm would have been discovered, and the patient would have undergone appropriate treatment under quite different circumstances with a markedly reduced risk. In conclusion, while the care received for the patient's syncope was appropriate, the failure to evaluate a patient with syncope and thoracic aneurysm for abdominal aortic aneurysm fell below the standard of care.

Reviewed Records:
1. Communication from [redacted] on 7/15/2009
2. Initial complaint letter
3. Licensee response
4. Hospital Records
5. Medical Center Records
6. Images CDs from Hospital
7. Images CD from Center on 8/8/2009
Respectfully submitted,
[redacted] MD

Patient Summary

The patient, Ms., was not completely worked up to exclude an infrarenal abdominal aortic aneurysm. The vast majority of infrarenal aneurysms are asymptomatic, and given the patient's significant ectasia

and eccentric calcification of the aortic wall, along with the known 4.9 cm rather discreet aneurysm of the distal thoracic to proximal abdominal aorta and celiac artery, it was an indication for imaging the rest of the intraabdominal aorta, regardless of the patient's symptoms. Had this been done, the large infrarenal abdominal aortic aneurysm would have been discovered, and the patient would have undergone the appropriate procedure under quite different circumstances with a markedly reduced risk. In conclusion, this is a most unfortunate case, and although the primary focus was on the patient's syncope, 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. Had this been done, there is a high probability that the outcome would have been much more favorable. The radiologist reading and/or performing the pulmonary artery CT scan should have continued imaging the rest of the aorta at that juncture. I do not think he/she needed an order or permission for same.

In retrospective review, the care which this patient received on this point fell below the standard of care.