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REDUCE RISK

CASE STUDY: ILLINOIS WOMAN, 79 $2,500,000 SETTLEMENT

A 79-year-old woman went to the ER after a fall at church. She was treated for soft tissue injuries and had a chest X-ray done before being discharged. One and a half years later, she returned to the ER with a severe cough.

The doctor determined her symptoms were caused by a mass in her right lung that had grown since her last X-ray during the fall visit. She was diagnosed with Stage IV lung cancer that had spread to her lymph nodes and passed away shortly after.

Her family alleged the mass should have been communicated at the time it was detected during her emergency room visit.

Source: Miller and Zois, 2016

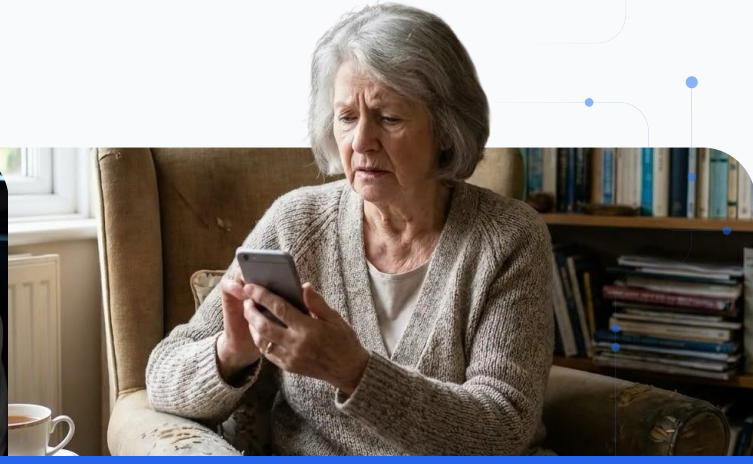
CASE STUDY: OHIO WOMAN, 70 SETTLEMENT AMOUNT UNDISCLOSED

A 70-year-old woman was admitted one night to a hospital ED with complaints of severe headache. A head CT without contrast was interpreted by an off-site radiologist as normal. The following morning, the hospital radiologist rendered a formal interpretation that concluded, "probably normal CT, but because of a questionable density in the area of the anterior cerebral artery, CT scan with infusion is recommended."

The radiologist made no effort to directly communicate the findings to an ED physician. Fifteen months later, the patient was admitted to the same hospital ED after having collapsed at home. CT studies showed a hemorrhaging, ruptured anterior cerebral artery aneurysm. The patient died 1 hour later.

A malpractice lawsuit was filed against the radiologist, ED physician and hospital. A settlement was eventually negotiated, terms of which were not released.

Source: Applied Radiology



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CUSTOMERS IN PHOENIX, ARIZONA TELL THEIR STORY

CASE STUDY: PATRICIA, 73 — MADE AWARE OF ANEURYSM IN TIME

Patricia, 73, had imaging that incidentally revealed a thoracic aortic aneurysm. When I contacted her, she already had an upcoming appointment with a cardiothoracic surgeon for management of her known valvular heart disease. Yet, she was unaware of the aneurysm. This presented a perfect opportunity for her to discuss the incidental finding during her scheduled visit. I explained the importance of monitoring the aneurysm and encouraged her to bring it up with the specialist. She expressed gratitude for this new awareness, adding to her preparation for the appointment.

This common scenario illustrates how our program enhances, rather than duplicates, ongoing specialty care by empowering patients with important information.

CASE STUDY: MARCUS, 54 — MESSAGING PLATFORM SUCCESS

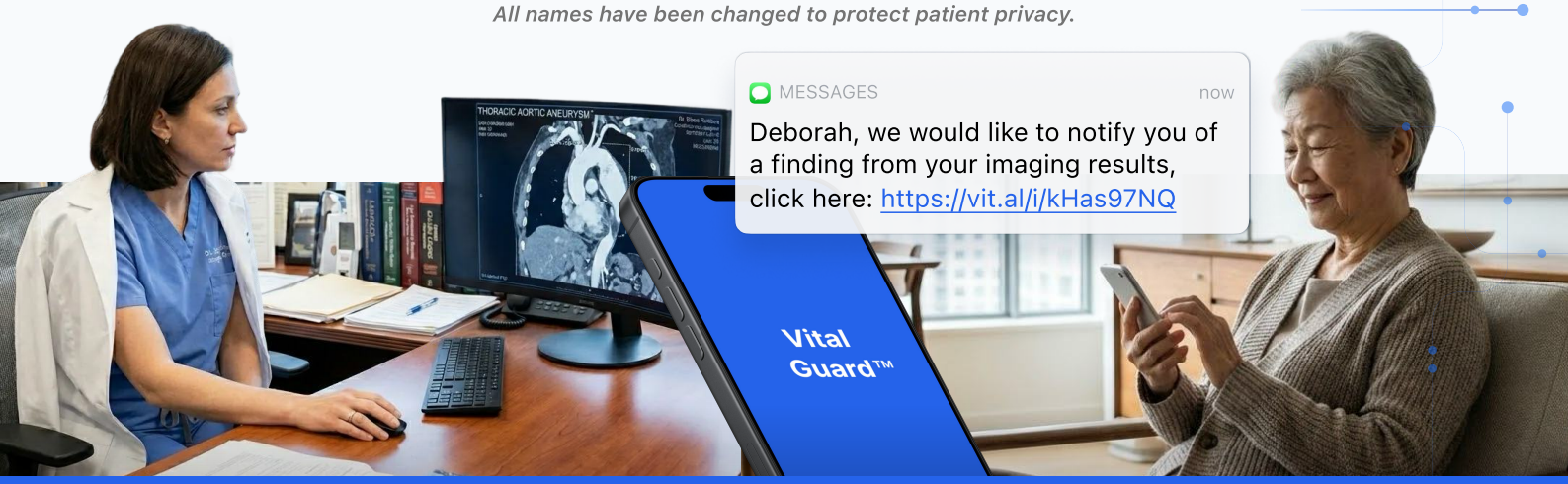
Marcus, a 54-year-old man, was seen in the ED for back pain with pain radiating down his right leg. A CT scan revealed an incidental left adrenal mass noted as an incidental finding. The mass was communicated in the body of the report and via secure message, but outreach required follow-up context to ensure the finding was understood and acted upon.

Our AI-assisted workflow flagged the incidental adrenal lesion and prompted outreach.

An initial secure message on 12/16/2025. Our systems showed the patient had viewed the message. A second contact attempt was made by phone on 12/18/2025. I spoke with Marcus to review the significance of the finding and recommended follow-up. He was appreciative of the call, confirmed he had viewed the secure message. As a result, he reported he had already contacted his primary care physician and been referred to endocrinology for consultation and monitoring.

This case highlights how important incidental findings can be overlooked without active follow-up—and how a structured communication program helps patients receive timely evaluation and care.

All names have been changed to protect patient privacy.



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