COPIC
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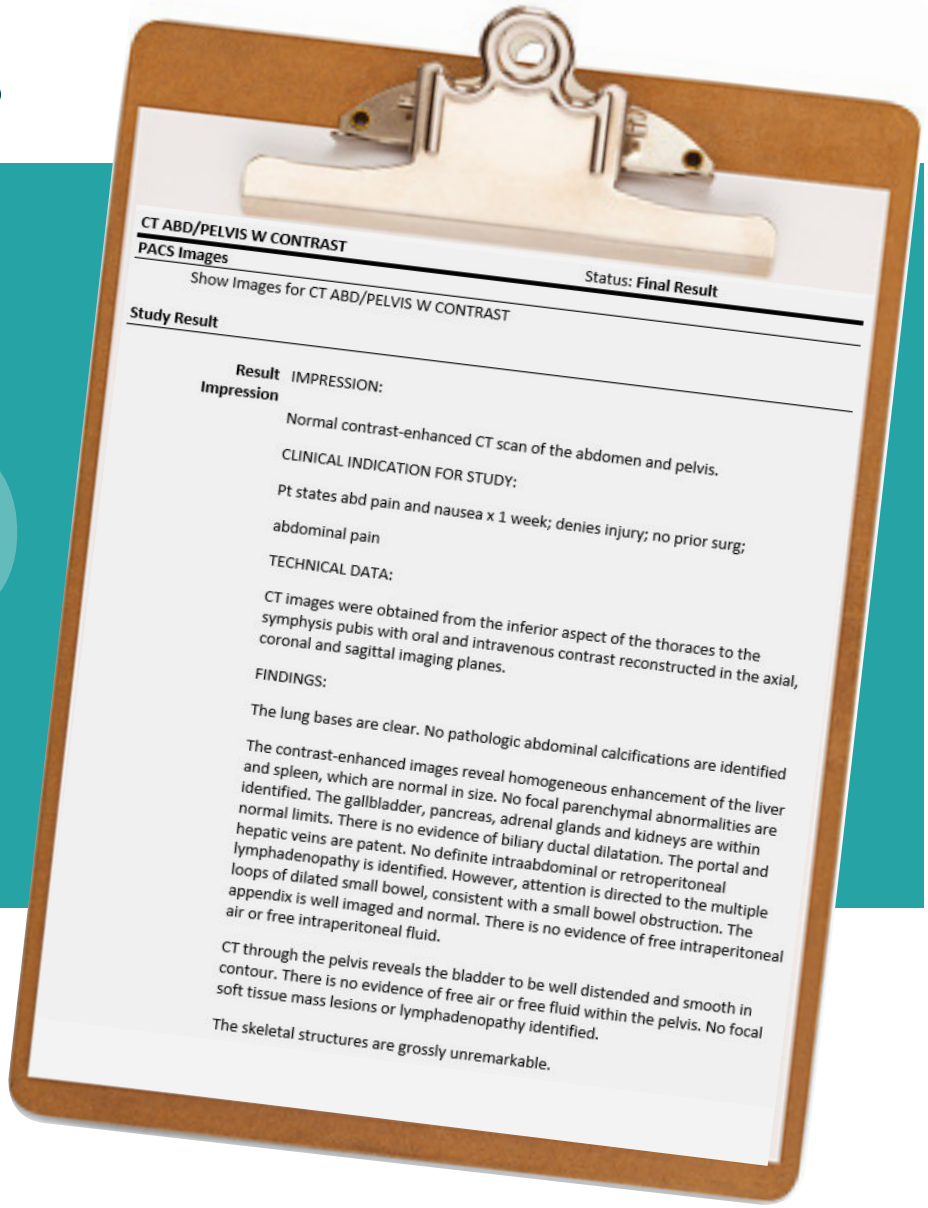
COPIC Tip

WHAT'S WRONG WITH THIS REPORT?

A 54-year-old male presents to the ED with nonspecific abdominal pain and bloating sensation. His vitals are WNL, his abdominal exam is soft, no rebound, BS active. His CBC, CMP and amylase are all WNL. He is discharged home with undiagnosed abdominal pain-nonsurgical abdomen. He presents three days later to a different ED, requires a partial small bowel resection, and has a long, complicated hospital stay. Read the report carefully; can you identify an area for concern?



CT ABD/PELVIS W CONTRAST

PACS Images

Status: **Final Result**

Show Images for CT ABD/PELVIS W CONTRAST

Study Result

Result Impression IMPRESSION:

Normal contrast-enhanced CT scan of the abdomen and pelvis.

CLINICAL INDICATION FOR STUDY:

Pt states abd pain and nausea x 1 week; denies injury; no prior surg; abdominal pain

TECHNICAL DATA:

CT images were obtained from the inferior aspect of the thoraces to the symphysis pubis with oral and intravenous contrast reconstructed in the axial, coronal and sagittal imaging planes.

FINDINGS:

The lung bases are clear. No pathologic abdominal calcifications are identified

The contrast-enhanced images reveal homogeneous enhancement of the liver and spleen, which are normal in size. No focal parenchymal abnormalities are identified. The gallbladder, pancreas, adrenal glands and kidneys are within normal limits. There is no evidence of biliary ductal dilatation. The portal and hepatic veins are patent. No definite intraabdominal or retroperitoneal lymphadenopathy is identified. However, attention is directed to the multiple loops of dilated small bowel, consistent with a small bowel obstruction. The appendix is well imaged and normal. There is no evidence of free intraperitoneal air or free intraperitoneal fluid.

CT through the pelvis reveals the bladder to be well distended and smooth in contour. There is no evidence of free air or free fluid within the pelvis. No focal soft tissue mass lesions or lymphadenopathy identified.

The skeletal structures are grossly unremarkable.

Answer:

Buried in the Findings section of the CT report is the statement; "However, attention is directed to the multiple loops of dilated small bowel, consistent with a small bowel obstruction."

Learning points:

1. While the serious abnormal finding is included in the report, it is buried. Radiologists, pathologists, and other specialties who provide consultative reports should think about how their reports are being read in the clinician's busy workflow and ensure that important findings are very apparent in the areas clinicians read.
2. Additional communication, such as a phone call, should be considered. The American College of Radiology has published the "*ACR Practice Parameter for Communication of Diagnostic Imaging Findings,*" which provides examples of, and guidance on "non-routine communication of significant findings."
3. The clinician has responsibility to see and act on the findings in such reports. Reading a complete report and/or calling the consultative service can improve the quality of the information transferred.
4. Building redundancy into the system improves the safety for all. Relying on one person to read one sentence in one report is bound to fail. Involving patients in the process can also help. "What were my results?", Open Notes, and patient portals are all potential strategies to increase the redundancy in systems of information.