

SERIAL IMAGING TRACKER AND READ-TIME CONCORDANCE

SAMPLE, PATIENT G (SYNTHETIC), MRN SYN-0044190

Prepared for counsel. Subject to review and verification by retaining counsel and the retained radiology expert.

SYNTHETIC SAMPLE. The patient, hospital, staff, reports, log and policy are invented. The standards quoted are real and cited with their versions. Every cite below is a live link to a bundled page at the back of this file.

What this does

Part 1 follows one finding across every imaging report in the record: the words each report used, the size it gave, any follow-up the report recommended, and when the next comparable study was done. Part 2 lines up the times for one study, from order to scan to preliminary and final report to the critical-result call, against the hospital's own written policy. Whether a change was significant, or whether a delay mattered, is for the radiology expert.

What the record shows

- The 01/10/2024 CT angiogram reported a 7 mm right upper lobe nodule and recommended a follow-up chest CT in 6 to 12 months** ([RAD-1101, p.4](#)). By the report's own wording, that window ran 07/10/2024 to 01/10/2025.
- The next chest CT in the record is dated 03/14/2026** ([RAD-1103, p.8](#)), 428 days after the latest date in that window. The emergency discharge note of the same day does not mention the nodule ([ED-201, p.5](#)). A chest radiograph on 06/18/2024 does not mention it and lists no comparison ([RAD-1102, p.6](#)).
- The reported size went from 7 mm to 24 mm, then 25 mm** ([RAD-1103, p.8](#), [RAD-1104, p.10](#)). That is +17 mm (+242.9%) and +1 mm (+4.2%) on the largest reported dimension. These are plain differences between reported numbers, not a RECIST response call.
- The preliminary and final reports of 03/14/2026 differ.** The preliminary at 03/14 12:58 reads "No pulmonary embolism identified" ([RAD-1103-P, p.7](#)). The final at 03/14 13:55 reports an acute segmental pulmonary embolism.
- Two records give different times for the critical-result communication.** The final report says the findings were discussed at 14:05; the RIS log records the call at 15:41 ([RIS log, p.11](#)). Measured from the final signature at 13:55, that is 10 or 106 minutes against the 60 minutes in the hospital policy ([Policy RAD-07, p.12](#)). The policy counts from the radiologist's identification of the finding; when that happened is not recorded, so both start points the record supports are shown.
- Heparin was given at 16:32** ([MR-501, p.9](#)), 157 minutes after the final report was signed.

These are dates, words and minutes taken from the record, with cites. They are not findings that any standard was or was not met.

Part 1. The finding, report by report

Exam date	Exam	Wording as reported	Size (mm)	Change	Follow-up recommended	Cite
01/10/2024	CT angiogram chest	"7 mm solid nodule in the right upper lobe"	7		Recommend follow-up chest CT in 6 to 12 months.	RAD-1101, p.4
06/18/2024	Chest radiograph, 2 views	Not mentioned in the report			None	RAD-1102, p.6
03/14/2026	CT chest with contrast	"Spiculated right upper lobe mass measuring 24 x 19 mm"	24	+17 mm (+242.9%)	Recommend PET/CT and tissue sampling.	RAD-1103, p.8

Exam date	Exam	Wording as reported	Size (mm)	Change	Follow-up recommended	Cite
03/20/2026	PET/CT skull base to mid-thigh	"Hypermetabolic right upper lobe mass, 25 x 20 mm"	25	+1 mm (+4.2%)	None	RAD-1104, p.10

Follow-up window from the 01/10/2024 report's own words: 07/10/2024 (6 months) to 01/10/2025 (12 months). Next chest CT in the record: 03/14/2026, 428 days after 01/10/2025.

Part 2. Read-time concordance, CT chest of 03/14/2026 (RAD-1103)

Event	Time	Min. after order	Min. after acquisition	Source	Cite
Order placed	03/14 09:40	0	-32	RIS log	RIS log, p.11
Acquisition started (DICOM 0008,002A)	03/14 10:12	32	0	RIS log	RIS log, p.11
Images available in PACS	03/14 10:19	39	7	RIS log	RIS log, p.11
Preliminary report (status P)	03/14 12:58	199	166	RIS log; preliminary report	RAD-1103-P, p.7
Attending opened study	03/14 13:40	240	208	RIS log	RIS log, p.11
Final report (status F)	03/14 13:55	255	223	RIS log; final report	RAD-1103, p.8
Critical result communication, as stated in the final report	03/14 14:05	265	232	Final report impression	RAD-1103, p.8
Critical result call, as logged	03/14 15:41	361	328	RIS critical-results log	RIS log, p.11
Nursing note: provider notified by radiology	03/14 15:50	370	337	Nursing note	NN-401, p.9
Heparin bolus given	03/14 16:32	412	379	MAR	MR-501, p.9

Start point	Communication	Minutes	Against policy RAD-07 (60 min)
Attending opened study	as stated in the report	25	Within 60
Attending opened study	as logged in RIS	121	Over 60
Final report signed	as stated in the report	10	Within 60
Final report signed	as logged in RIS	106	Over 60

Which start point the policy means, and which communication record is right, are for counsel and the expert. The comparison is arithmetic against the number in the produced policy.

Communication documentation, element by element

Record	Date and time	Method	Name of person receiving	Cite
Final report, impression	Yes (14:05, 03/14/2026)	Not stated ("discussed with")	Yes	RAD-1103, p.8
RIS critical-results log	Yes (15:41:00)	Yes (phone, read-back)	Yes	RIS log, p.11
Preliminary to final discrepancy	No communication of the change is documented in the final report			RAD-1103, p.8

The elements are those the ACR practice parameter gives as an example of documentation: date and time, method, and the name of the person to whom the communication was delivered. Present or absent is read from the page; no view is given on adequacy.

What each timestamp means, by the standard that defines it

Field	Definition as published	Source
Study Date / Time (0008,0020 / 0008,0030)	"Date the Study started." / "Time the Study started."	DICOM PS3.3 2026d, C.7.2
Acquisition DateTime (0008,002A)	"The date and time that the acquisition of data that resulted in this instance started."	DICOM PS3.3 2026d, C.7.10
Content Date / Time (0008,0023 / 0008,0033)	"The date the image pixel data creation started."	DICOM PS3.3 2026d, C.7.6
Instance Creation Date (0008,0012)	"This is the date that the SOP Instance UID was assigned"	DICOM PS3.3 2026d, C.12
Result status P	"A verified early result is available, final results not yet obtained"	HL7 Table 0123
Result status F	"Final results; results stored and verified."	HL7 Table 0123
Result status C	"A result under an order, that has been finalized has been corrected"	HL7 Table 0123

Standards quoted, and their versions

Standard	What it says, quoted	Version and link
ACR Practice Parameter for Communication of Diagnostic Imaging Findings	"Interpreting physicians should document all nonroutine communications." Example elements: date and time, method, name of the person.	Revised 2025 (Resolution 9). ACR PPTS
ACR Practice Parameter (same)	Preliminary-to-final discrepancy: "Documentation of communication of any discrepancy should be incorporated into the final report."	Revised 2025. ACR PPTS
Joint Commission NPG.01.02.01 (hospital)	"The hospital reports critical results of tests and diagnostic procedures on a timely basis." Written procedures set "The acceptable length of time between the availability and reporting".	Effective January 2026. Joint Commission PDF
Joint Commission NPSG.02.03.01 (hospital)	"Report critical results of tests and diagnostic procedures on a timely basis." Same three written-procedure elements.	Effective January 2025. Joint Commission PDF
DICOM PS3.3	Date and time attribute definitions (table above).	Edition 2026d. dicom.nema.org
HL7 Table 0123	Result status values P, F, C (table above).	CodeSystem v2-0123, v3.0.0. terminology.hl7.org

What this is not

No reading of any image. No view on whether a nodule or change was significant, whether a follow-up was required, which guideline applied, whether any delay mattered, or whether care met any standard. Recommendations are the report's own words. Neither the ACR practice parameter nor the Joint Commission sets a number of minutes; the 60 minutes comes from the hospital's own produced policy. The Fleischner Society tables and the ACR actionable-findings categories were not applied: applying them is a clinical judgment, and their full tables were not read from the primary text.

Index of bundled pages

Page	Source
p.4	SYN-IMG000001 CT angiogram chest, 01/10/2024
p.5	SYN-IMG000002 ED discharge and clinic note
p.6	SYN-IMG000003 Chest radiograph, 06/18/2024
p.7	SYN-IMG000004 CT chest, preliminary, 03/14/2026
p.8	SYN-IMG000005 CT chest, final, 03/14/2026
p.9	SYN-IMG000006 Nursing note and MAR
p.10	SYN-IMG000007 PET/CT, 03/20/2026
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p.12	SYN-IMG000009 Policy RAD-07

EXAMPLE RIVER MEDICAL CENTER (SYNTHETIC) | Imaging and Related Records

Patient: SAMPLE, PATIENT G (SYNTHETIC) | MRN SYN-0044190

RADIOLOGY REPORT

Exam ID: RAD-1101 | Status: F (final) | Exam: 01/10/2024 14:31 | Signed: 01/10/2024 18:42 | By: Radiologist A Example, MD (SYN)

Exam: CT angiogram chest. **Ordered:** 01/10/2024 13:48.

Comparison: None.

Findings: No filling defect in the pulmonary arteries. Incidental 7 mm solid nodule in the right upper lobe (series 4, image 61). No effusion.

Impression: 1. No pulmonary embolism. 2. 7 mm right upper lobe solid nodule. Recommend follow-up chest CT in 6 to 12 months.

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EMERGENCY DEPARTMENT DISCHARGE AND CLINIC NOTE

As documented.

Entry ID: ED-201 | Author: Emergency Physician D Example, MD (SYN) | Date of service: 01/10/2024 19:30
CTA chest negative for pulmonary embolism. Chest wall pain. Discharge home. Follow up with primary care in 1 week.

Entry ID: PC-301 | Author: Physician F Sample, MD (SYN) | Date of service: 01/19/2024 10:20
ED follow-up for chest wall pain, resolved. ED records reviewed. No new concerns. Return as needed.

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RADIOLOGY REPORT

Exam ID: RAD-1102 | Status: F (final) | Exam: 06/18/2024 09:40 | Signed: 06/18/2024 11:15 | By: Radiologist C Example, MD (SYN)

Exam: Chest radiograph, 2 views. **Ordered:** 06/18/2024 09:02.

Comparison: None.

Findings: Lungs are clear. Heart size normal. No pleural effusion.

Impression: No acute cardiopulmonary process.

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RADIOLOGY REPORT (PRELIMINARY)

Exam ID: RAD-1103 | Status: P | Reported: 03/14/2026 12:58 | By: Radiology Resident B Sample, MD (SYN)

Exam: CT chest with contrast. **Ordered:** 03/14/2026 09:40 by Hospitalist Y Sample, MD (SYN).

PRELIMINARY. Right upper lobe mass, about 2.4 cm. No pulmonary embolism identified. Final report to follow.

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RADIOLOGY REPORT

Exam ID: RAD-1103 | Status: F (final) | Exam: 03/14/2026 10:12 | Signed: 03/14/2026 13:55 | By: Radiologist A Example, MD (SYN)

Exam: CT chest with contrast. **Ordered:** 03/14/2026 09:40.

Comparison: CT angiogram chest 01/10/2024.

Findings: Spiculated right upper lobe mass measuring 24 x 19 mm, at the site of the previously described 7 mm nodule (01/10/2024). Filling defect in a right lower lobe segmental pulmonary artery, consistent with acute pulmonary embolism.

Impression: 1. Spiculated right upper lobe mass, 24 mm, increased from 7 mm on 01/10/2024. Suspicious for malignancy. Recommend PET/CT and tissue sampling. 2. Acute right lower lobe segmental pulmonary embolism. Critical result: findings discussed with Dr. Hospitalist Y Sample (SYN) at 14:05 on 03/14/2026.

NURSING NOTE AND MEDICATION ADMINISTRATION

As documented.

Entry ID: NN-401 | Author: Nurse E Example, RN (SYN) | Date of service: 03/14/2026 15:50
Dr. Y Sample (SYN) notified by radiology of PE. Heparin ordered. Bolus given 1632.

Given	Medication	Entry ID
03/14/2026 16:32	Heparin 80 units/kg IV bolus, then infusion per protocol.	MR-501

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RADIOLOGY REPORT

Exam ID: RAD-1104 | Status: F (final) | Exam: 03/20/2026 07:55 | Signed: 03/20/2026 12:20 | By: Radiologist C Example, MD (SYN)

Exam: PET/CT skull base to mid-thigh. **Ordered:** 03/16/2026 08:10.

Comparison: CT chest 03/14/2026.

Findings: Hypermetabolic right upper lobe mass, 25 x 20 mm, SUV max 9.8. No hypermetabolic nodes.

Impression: Hypermetabolic right upper lobe mass, 25 mm.

RIS / PACS AUDIT LOG EXPORT (EXCERPT)

Export file ris_audit_SYN.csv: 1,347 rows. Rows for accession RAD-1103 shown, as exported.

Timestamp	Event code	Event	User / system
03/14/2026 09:40:12	ORDER	Order placed	Hospitalist Y Sample, MD (SYN)
03/14/2026 09:52:30	SCHED	Exam scheduled	RIS
03/14/2026 10:05:44	ARRIVE	Patient arrived in CT	Technologist (SYN)
03/14/2026 10:12:31	ACQ	AcquisitionDateTime (0008,002A), first image	Modality CT2
03/14/2026 10:19:02	AVAIL	Images available in PACS	PACS
03/14/2026 12:31:15	OPEN	Study opened	Radiology Resident B Sample, MD (SYN)
03/14/2026 12:58:44	RPT-P	Report status P (preliminary)	Radiology Resident B Sample, MD (SYN)
03/14/2026 13:40:06	OPEN	Study opened	Radiologist A Example, MD (SYN)
03/14/2026 13:55:10	RPT-F	Report status F (final)	Radiologist A Example, MD (SYN)
03/14/2026 15:41:00	CRIT	Critical result call to Dr. Y Sample (SYN), phone, read-back confirmed	Radiologist A Example, MD (SYN)
03/14/2026 16:02:27	VIEW	Report viewed	Hospitalist Y Sample, MD (SYN)

EXAMPLE RIVER MEDICAL CENTER (SYNTHETIC) | Imaging and Related Records

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HOSPITAL POLICY

Produced by defendant. SYNTHETIC.

- Policy RAD-07 (SYNTHETIC): Communication of Critical Results, Diagnostic Imaging. Effective 07/01/2025.
- 3.1 Critical results include, among others, new pulmonary embolism, pneumothorax and intracranial hemorrhage.
 - 3.2 The interpreting radiologist communicates a critical result directly to the ordering or responsible licensed caregiver within 60 minutes of the radiologist's identification of the finding.
 - 3.3 The communication is documented in the radiology report with the date, time, method and name of the person receiving it, and is logged in the RIS critical-results log.
 - 3.4 Timeliness is reviewed monthly by the Radiology Quality Committee.