

MEDICAL CHRONOLOGY — MALPRACTICE

Delayed Cancer Diagnosis Chronology

Missed lung-nodule follow-up · 10-month diagnostic delay · stage IIIA NSCLC.

CASE OVERVIEW	
CASE NO.	MR-2026-0810
PATIENT	Delgado, Roberto E.
DOB	04/12/1967
DATE OF LOSS / SERVICE	03/21/2024 (initial imaging)
INDEX IMAGING	03/21/2024
DIAGNOSIS DATE	02/03/2025
MATTER TYPE	Medical malpractice — failure to follow up on lung nodule
PREPARED FOR	Holloway & Marsh LLP
ATTORNEY	K. Holloway, Esq.
PREPARED BY	R. Salinas, RN
DATE PREPARED	08/13/2026

AI does the reading. You make the calls — always.

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Mar 2024

Date	Time	Source	Facility / provider	Type	Findings / notes	Status
03/18/2024	10:20	p. 014	Oak Hill Family Medicine — Dr. A. Nwosu	PCP visit	56-year-old, 32 pack-year smoker; chronic cough 3 weeks; chest X-ray ordered; no documented plan for results notification.	OK

Mar 2024

03/21/2024	09:05	p. 019	Oak Hill Imaging — Dr. L. Kim	Chest X-ray	10 mm right upper lobe pulmonary nodule; 'short-interval CT follow-up recommended (Fleischner criteria)'; report finalized 03/22/2024.	OK
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Mar 2024

03/25/2024	—	p. 023	Oak Hill Family Medicine	Result review	PCP signed the X-ray result. No telephone encounter, letter, or portal message regarding the nodule is documented in the chart.	ALERT
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Jun 2024

06/12/2024	11:00	p. 031	Oak Hill Family Medicine	Refill visit	Medication refill for hypertension; no discussion of the 03/21/2024 nodule; no CT ordered.	ALERT
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Sep 2024

09/30/2024	15:10	p. 040	Oak Hill Family Medicine	Cough visit	Cough persists; diagnosed as bronchitis; azithromycin prescribed; no imaging.	GAP
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Oct 2024

10/21/2024	14:30	p. 048	Oak Hill Family Medicine	Cough visit	Recurrent bronchitis; second antibiotic course; no imaging, no nodule follow-up.	GAP
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Jan 2025

01/15/2025	09:40	p. 055	Oak Hill Family Medicine	PCP visit — hemoptysis	Blood-streaked sputum 1 week; chest X-ray: 18 mm spiculated RUL mass; CT chest ordered same day.	OK
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Jan 2025

01/22/2025	13:00	p. 063	Oak Hill Imaging	CT chest	19 mm spiculated right upper lobe mass with right hilar lymphadenopathy (1.6 cm); biopsy recommended.	OK
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Jan 2025

01/29/2025	08:30	p. 071	Lakeside Pulmonary — Dr. H. Park	Bronchoscopy + biopsy	Endobronchial biopsy and EBUS-TBNA of station 7 and right hilar nodes.	OK
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Feb 2025

02/03/2025	—	p. 080	Lakeside Pulmonary	Pathology	Invasive adenocarcinoma, moderately differentiated; EGFR/ALK wild-type; PD-L1 45%.	OK
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Feb 2025

02/05/2025	—	p. 088	Lone Star Imaging	PET-CT	FDG-avid RUL mass (SUV 8.9) and right hilar nodes; no distant metastases.	OK
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Feb 2025

02/12/2025	10:00	p. 096	Lone Star Oncology — Dr. V. Castellanos	Oncology consult	Stage IIIA (T1bN2M0) NSCLC; concurrent chemoradiation recommended; smoking cessation.	OK
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Mar 2025

03/10/2025	—	p. 104	Lone Star Radiation Center	Chemoradiation start	Concurrent cisplatin/etoposide with 60 Gy in 30 fractions; started 03/10/2025.	OK
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Jul 2025

07/15/2025	—	p. 108	Lone Star Imaging	Restaging CT	Partial response: mass 11 mm; hilar nodes 0.9 cm.	OK
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Sep 2025

09/08/2025	—	p. 115	Lone Star Oncology	Consolidation	Disease control confirmed; durvalumab consolidation initiated.	OK
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Jan 2026

01/12/2026	—	p. 124	Lone Star Imaging	Surveillance CT	Stable: 10 mm residual mass; no new disease; continue immunotherapy.	OK
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Apr 2026

04/20/2026	—	p. 132	Lone Star Oncology	Surveillance visit	Stable; plan: CT every 6 months; pulmonary rehab; ongoing cough management.	OK
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