North Carolina Medical Board

Christine M. Khandelwal, DO, MHPE: President | Devdutta G. Sangvai, MD, MBA: President-Elect | Anuradha Rao-Patel, MD: Secretary/Treasurer

February 21, 2024

Kevin Francis McCarthy, M.D.
Virtual Radiologic
11995 Singletree Lane
Eden Prairie, MN 55344

Dear Dr. McCarthy:

The North Carolina Medical Board ("Board") has concluded its investigation regarding your care of Patient A. It is the Board's decision not to commence formal proceedings against your license. However, the Board voted to issue you this public letter of concern. The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license.

Patient A was a fifty-three-year-old female with a 10-year history of left lower abdominal pain and bloating. On May 7, 2012, Patient A had an abdominal and pelvis CT, which was interpreted by another physician. That physician reported a 3.1x1.6x1.9cm mass in the left perinephric space, which likely represented a hemorrhagic angiomyolipoma or hemorrhagic cyst. It was recommended that Patient A have a follow-up CT approximately two weeks later to assess any change.

On June 14, 2012, you interpreted the follow-up CT and reported a 2.1x1.5x3.1cm mass "along the mid to upper posterior renal cortex" being "most consistent with a small angiomyolipoma" and "slowly resolving hemorrhage."

Four years later, on October 21, 2016, you interpreted an MRI of Patient A's abdomen and pelvis and compared it to two prior studies, a September 16, 2016 abdominal ultrasound and the June 14, 2012 CT you previously interpreted. You again reported "left renal cortical mass, most likely an angiomyolipoma…[which] had shown no interval growth." You also reported "blood products of varying age" in the left pararenal space causing mass effect and displacement of the left kidney. With your findings, no follow-up imaging or referral recommendation was provided.

On May 17, 2019, Patient A had another CT of her abdomen and pelvis. Your impression was that Patient A had "a very large left retroperitoneal mass" consistent with sarcoma or liposarcoma. You immediately notified the ordering physician and recommended an urgent biopsy. The biopsy revealed that Patient A had a malignant tumor (retroperitoneal liposarcoma). Over the course of the next two years, Patient A underwent medical treatment for retroperitoneal liposarcoma, but despite those efforts Patient A died from complications related to cancer on August 19, 2021.

The Board had your care of Patient A reviewed by an independent medical expert. The reviewing expert found that your care of Patient A may have fallen below the standard of care in North Carolina. Specifically, the reviewing expert opined that you undermeasured the mass on the October 2016 MRI, erroneously concluded that there was no significant change since the prior 2012 CT, and incorrectly attributed the findings to the presence of hemorrhage. The reviewer noted that the lack of elevated T1-weighted signal intensity confirmed no significant hemorrhage was present. Regardless of the differential diagnosis, the reviewing expert criticized your failure to obtain a surgical consult and possibly refer Patient A to interventional radiology for consideration of image-guided biopsy at the time of the 2016 MRI. By the time of the 2019 CT and the referral for biopsy, the mass had grown significantly.

The Board is concerned that your care of Patient A may have failed to conform to the standards of acceptable and prevailing medical practice in North Carolina. The Board urges you to take steps to ensure the conduct giving rise to the Board's concerns does not happen again. Otherwise, the Board may take additional action against your license to practice medicine. If that happens, this letter may be reviewed in determining the appropriate action.

This letter is a public record within the meaning of Chapter 132 of the North Carolina General Statutes and is subject to public inspection and dissemination as required by that law. It will be reported to the Federation of State Medical Boards.

Sincerely,

Christine Khandelwal, DO

Christine M. Khandelwal, D.O., MHPE
President

CMK/BJR/las

Consent and Waiver

I, Kevin Francis McCarthy, M.D., would like to resolve this matter without the need for more formal proceedings and consent to the Board's issuance of this public letter of concern in resolution of the above matter. I hereby waive any requirement under any law or rule that this public letter of concern be served on me.

Consented to this the 20th day of February, 2024.

Kevin Francis McCarthy, M.D.

State of TX

County of BEXAR

I, Niomi Ontiveros, do hereby certify that Kevin Francis McCarthy, M.D. personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 20th day of February, 2024.

Niomi Ontiveros
Notary Public

NIOMI ONTIVEROS
NOTARY STAMP, STATE OF TEXAS
Comm. Expires 05/20/26
NOTARY ID#: 133719582

(Official Seal)

My Commission Expires: 05/20/2026