

up to **31%**



of acute care imaging studies contain an incidental finding.

83%



of patients with an incidental finding fail to obtain recommended follow up.

3 out of 100



Patients will leave your facility with an actionable incidental finding not having been told

Incidental radiology findings are extremely common in the hospital, ED, and urgent care. Despite the prevalence, the vast majority of these findings are not disclosed to patients. That's where Vital Guard™ comes in.

VitalGuard is an EHR-connected solution that reads clinical documentation and radiology reports to identify when there is a gap in communication & disclosure for an incidental finding.

VitalGuard then makes it simple and easy to communicate this finding to the patient. You have the choice to send an SMS containing the finding, follow-up info, and educational material which the patient can read and confirm asynchronously, or make a phone call, when appropriate.

You won't have to spent hours on the phone

ABOUT VITAL GUARD™

VitalGuard makes the discovery, disclosure, and communication process simple for clinical staff responsible for reporting new findings to patients that were not addressed during the time of treatment.

Clinical staff can continue to operate at the top of their license while making sure this critical action is reliably completed. VitalGuard was built for clinicians by clinicians. We respect your time. A single clinician can cover multiple clinical sites through the same interface and take care of all incidental call-backs quickly and asynchronously with our messaging and confirmation system.

Vital Guard™ improves clinical outcomes; solves a key communication gap; decreases malpractice exposure; and generates downstream revenue for your facility.



This program transforms uncertainty into clarity and trust.

[VitalGuard user in Phoenix Arizona](#)

Close the loop on overlooked critical findings

❖ AI automatically generates high priority worklists containing incidental findings that were not communicated during the clinical encounter.

✉ Close the communication loop with simple SMS-based messaging to patients. Your staff will no longer be stuck on the phone.

💻 Easily monitor and intervene on an entire health system's incidental findings from a single screen in a fraction of the time.

🕒 Efficient work-lists built for busy clinicians by busy clinicians.

REDUCE RISK

CASE STUDY: ILLINOIS WOMAN, 2016 \$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](#)

CASE STUDY: OHIO WOMAN 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](#)



CUSTOMERS IN PHOENIX, ARIZONA TELL THEIR STORY

CASE STUDY: PATRICIA, 73

ALREADY SEEING THE SPECIALIST

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.

