



1 calcium of 8.5, D-dimer of 754, ALT of 72, AST of 69, and bilirubin total of 1.6. Blood  
2 cultures were drawn.

3 5. On March 20, 2017, a chest CTA for possible pulmonary embolism ("PE")  
4 was performed and was read by Respondent. Respondent reported no PE or pneumonia  
5 and the abdominal viscera did not demonstrate any acute findings. An abdominal  
6 ultrasound was also performed that showed the liver was enlarged measuring 11.3 cm.  
7 MG was discharged to home.

8 6. On March 21, 2017, MG's blood cultures showed gram positive cocci,  
9 Streptococcus intermedius.

10 7. On March 22, 2017, the CTA was read by a different radiologist who added  
11 an addendum to the report identifying a low density mass beneath the diaphragm in the  
12 area of the right lobe of the liver that measured 8.8 x 6.2 cm and included septations. MG  
13 returned to the hospital in extremis, and expired from cardiac arrest due to septic shock.  
14 MG's autopsy report showed a 15x12x8cm subdiaphragmatic liver abscess and congested  
15 spleen (sepsis).

16 8. The standard of care requires a physician to identify and report all imaging  
17 findings. Respondent deviated from this standard of care by failing to identify and report a  
18 liver abscess on a chest CT angiography.

19 9. There was the potential for harm in that the delayed diagnoses of a liver  
20 lesion which turned out to be a liver abscess may have inadvertently contributed to the  
21 delayed diagnosis of septicemia with liver abscess.

22 10. In Respondent's initial response to the Board and in his testimony during the  
23 Formal Interview, Respondent stated that although he identified the liver abnormality on  
24 the CT scan, he failed to include the finding on his report because he had been interrupted  
25 during the dictation of the report.



1 2. Respondent is placed on Probation for a period of 1 year with the following terms  
2 and conditions:

3 **a. Image Reviews**

4 Within 30 days of the effective date of this Order and for the duration of the  
5 Probation, Respondent shall obtain a Board staff pre-approved proctor to overread a  
6 minimum of thirty images, including both MRI and CT scan imaging, per month. In the  
7 event that Respondent does not interpret more than thirty images in a given month then all  
8 images shall be reviewed by the proctor. Respondent shall cause the proctor to submit  
9 quarterly reports to the Board. Respondent shall bear all costs associated with the  
10 proctor's review. Based upon the proctor's review, the Board retains jurisdiction to take  
11 additional disciplinary or remedial action.

12 **b. Obey All Laws**

13 Respondent shall obey all state, federal and local laws, all rules governing the  
14 practice of medicine in Arizona, and remain in full compliance with any court ordered  
15 criminal probation, payments and other orders.

16 **c. Tolling**

17 In the event Respondent should leave Arizona to reside or practice outside the  
18 State or for any reason should Respondent stop practicing medicine in Arizona,  
19 Respondent shall notify the Executive Director in writing within ten days of departure and  
20 return or the dates of non-practice within Arizona. Non-practice is defined as any period of  
21 time exceeding thirty days during which Respondent is not engaging in the practice of  
22 medicine. Periods of temporary or permanent residence or practice outside Arizona or of  
23 non-practice within Arizona, will not apply to the reduction of the probationary period.  
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1           **d. Probation Termination**

2           Respondent shall not request termination of the Probation period until one year  
3 from the effective date of this Order. Respondent's request for termination of the  
4 Probation shall be in writing and accompanied by documentation from the proctor  
5 supporting the termination of Probation. The Board has the sole discretion to determine  
6 whether all of the terms and conditions of this Order have been met or whether to take any  
7 other action that is consistent with its statutory and regulatory authority.

8           2. The Board retains jurisdiction and may initiate new action against  
9 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

10                           **RIGHT TO PETITION FOR REHEARING OR REVIEW**

11           Respondent is hereby notified that he has the right to petition for a rehearing or  
12 review. The petition for rehearing or review must be filed with the Board's Executive  
13 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The  
14 petition for rehearing or review must set forth legally sufficient reasons for granting a  
15 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after  
16 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,  
17 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

18           Respondent is further notified that the filing of a motion for rehearing or review is  
19 required to preserve any rights of appeal to the Superior Court.

20           DATED AND EFFECTIVE this 11<sup>th</sup> day of February, 2021.

21  
22                           ARIZONA MEDICAL BOARD

23                           By Patricia E. McSorley  
24                           Patricia E. McSorley  
25                           Executive Director

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EXECUTED COPY of the foregoing mailed  
this 11<sup>th</sup> day of February, 2021 to:

Ross A. McArthur, M.D.  
Address of Record

Jay A. Fradkin, Esq.  
Jennings, Strouss & Salmon, P.L.C.  
One East Washington Street, Suite 1900  
Phoenix, Arizona 85004  
Attorney for Respondent

ORIGINAL of the foregoing filed  
this 11<sup>th</sup> day of February, 2021 with:

Arizona Medical Board  
1740 West Adams, Suite 4000  
Phoenix, Arizona 85007

Michelle Robles  
Board staff