

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST :

JOHN R. HOCH, M.D., :  
RESPONDENT. :

FINAL DECISION AND ORDER  
LS 0702092 MED

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[Division of Enforcement Case # 06 MED 009]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

John R. Hoch, M.D.  
7712 Westchester Drive  
Middleton, WI 53562

Division of Enforcement  
Department of Regulation and Licensing  
1400 East Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935

Medical Examining Board  
Department of Regulation & Licensing  
1400 East Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935

PROCEDURAL HISTORY

The Division of Enforcement filed a formal complaint on February 9, 2007, and the matter was assigned to Administrative Law Judge William A. Black, and later re-assigned to Administrative Law Judge Ruby Jefferson-Moore. The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Medical Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

## FINDINGS OF FACT

1. John R. Hoch, M.D. (“Respondent”) was born on April 14, 1957, and is licensed to practice medicine and surgery in the state of Wisconsin pursuant to license number 32461. This license was first granted on July 24, 1991.
2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 7712 Westchester Drive, Middleton, Wisconsin 53562.
3. At all times relevant to this action, Respondent was working as a physician at the University of Wisconsin Hospital and Clinics, Madison, Wisconsin. Respondent is a vascular surgeon.
4. Patient E.W. was a male, born on April 23, 1929. Patient E.W. had had a left side pulmonary resection in 1984 for treatment of cancer, and continued to smoke tobacco.
5. On February 10, 2001, Patient E.W. was seen by Dr. John Arnason at the emergency department of Divine Savior Hospital in Portage, Wisconsin, for a complaint of right sided back pain, following a fall the day before. Dr. Arnason ordered radiographs.
6. On February 11, 2001, the radiographs taken of Patient E.W. the day before were read, and an abdominal aortic aneurysm was noted as an incidental finding.
7. In consequence of the discovery of the abdominal aortic aneurysm, Dr. Arnason, ordered a CT scan to get more information regarding the aneurysm. The CT scan was performed on February 15, 2001 at Divine Savior Hospital.
8. The CT scan was read by a radiologist on February 15, 2001, who reported an incidental finding of a “2 mm low attenuation lesion most suggestive of a cyst but too small to more accurately characterize” in the posterior right lobe of the liver.
9. Dr. Arnason referred Patient E.W. to Respondent for treatment of the abdominal aortic aneurysm.
10. Respondent ordered a three dimensional reconstruction CT scan of the abdominal aortic aneurysm.
11. Patient E.W. had the CT scans necessary for the three dimensional reconstruction of the aneurysm at the University of Wisconsin Hospital and Clinics on March 26, 2001.
12. Several separate scans were performed, including: CT of the abdomen without contrast, CT of the abdomen with contrast, and CT of the pelvis with contrast.
13. Dr. Thomas Winter, a radiologist, prepared reports of the scans for Respondent.
14. The report of the CT scans of the abdomen with and without contrast included:

There are 3 low density areas in the liver, 2 measuring 5 mm and one measuring 7x14 mm in the right lobe. These likely represent cysts. However, on the arterial phase imaging, there is a 1.5 cm hypervascular area in the right lobe of the liver on the top image of the arterial phase study. Is the patient at any risk for a hypervascular liver tumor? If so, standard double helical CT of the liver may be warranted for further evaluation.
15. Respondent did not read Dr. Winter’s report of the CT scans of the abdomen with and without contrast, but instead read only Dr. Winter’s report of the three dimensional reconstruction of the abdominal aortic aneurysm. The report of the three dimensional reconstruction of the abdominal aortic aneurysm did not mention the hypervascular area noted in the report of the CT scans of the abdomen with and without contrast.

16. The aneurysm was surgically repaired on April 20, 2001.
17. On July 30, 2003, Patient E.W. had an ultrasound examination for further study of an asymptomatic gallstone that had been an incidental finding of the March 26, 2001 CT scans at the University of Wisconsin Hospital and Clinics.
18. The July 30, 2003, ultrasound evaluation revealed a mass in the liver.
19. A follow up CT scan on August 5, 2003, at Divine Savior Healthcare in Portage, Wisconsin, revealed a “Large 7.5 cm heterogenous mass in the right lobe of the liver.”
20. Further evaluation of the mass in the liver led to a diagnosis of intrahepatic cholangiocarcinoma.
21. Patient E.W. died of intrahepatic cholangiocarcinoma in October 2005.
22. Respondent concedes that there is sufficient evidence to conclude that the minimally acceptable standard of practice of medicine in March 2001 required a vascular surgeon who ordered a radiology study to read the radiology reports that were prepared in response to that order even though Respondent’s primary focus was the three-dimensional reconstruction which had been ordered so that he could measure the aorta in preparation for the possible performance of a stent graft.
23. The University Hospital and Clinics has instituted a risk management practice requiring radiologists to specifically alert the physician who ordered the radiographic study when the radiologist makes an incidental finding that is suspicious for malignancy, requiring radiologists to make personal contact with the physician or the physician’s staff and to document the fact of the contact, identifying the name of the person contacted.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 15, above, constitutes a violation of Wisconsin Administrative Code § MED 10.02(2)(h).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. John R. Hoch, M.D., is REPRIMANDED.

IT IS FURTHER ORDERED that:

2. Respondent shall, within 180 days from the date of this Order, pay costs of this proceeding in the amount of Two Thousand Seven Hundred Fifty (\$2,750.00) dollars. Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor  
Division of Enforcement  
Department of Regulation and Licensing  
P.O. Box 8935  
Madison, WI 53708-8935  
Telephone (608) 267-3817  
Fax (608) 266-2264

3. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to pay costs as ordered, the Respondent's license (#32461) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

4. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: Sujatha Kailas  
A Member of the Board

6/20/07  
Date