



STATE OF MAINE
ANDROSCOGGIN, SS.

SUPERIOR COURT
CIVIL ACTION
DOCKET NO.:

RICHARD CAMPBELL, AS PERSONAL
REPRESENTATIVE OF THE ESTATE
OF THERESA CAMPBELL,

Plaintiff,

v.

CENTRAL MAINE HEALTHCARE,
X-RAY PROFESSIONAL
ASSOCIATION, and TAD RENVYLE,
MD,

Defendants.

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**COMPLAINT & DEMAND FOR JURY
TRIAL**

Plaintiff, Richard Campbell, as Personal Representative of the Estate of Theresa Campbell,
by and through counsel, states as follows for this Complaint:

Introduction

This is a medical malpractice case about a radiologist who spent less than two minutes reviewing an ultrasound and missed a woman’s uterine cancer. In April 2023, a CT scan showed that Theresa Campbell (“Theresa”), a 65-year-old post-menopausal woman, had an enlarged uterus. Because the cause of the enlargement could not be determined on CT scan, an ultrasound was ordered to determine whether the enlargement was benign or malignant. Despite abnormal and inconclusive ultrasound findings, radiologist Dr. Tad Renvyle spent only one minute and fifty-seven seconds reviewing thirty-nine images before concluding Theresa had a harmless fibroid and recommending no further workup. For the next six months, while Theresa and her doctors believed she had a benign condition, an aggressive uterine cancer continued to grow and

spread throughout her body. By the time the cancer was finally diagnosed in October 2023, it was too advanced to cure. Theresa died on January 5, 2024, leaving behind her husband of 48 years, their three children, and four grandchildren.

Parties

1. Plaintiff Richard Campbell is the Personal Representative of the Estate of Theresa Campbell. At all times relevant to this Complaint, Richard and Theresa were husband and wife and resided in Oxford County, State of Maine.



2. Defendant X-Ray Professional Association ("XPA") is a professional association organized and existing under the laws of the State of Maine with a principal place of business in Androscoggin County, State of Maine that provides radiological services to hospitals and medical facilities in Maine.

3. Respondent Central Maine Healthcare Corporation ("CMHC") is a registered Maine corporation with a principal place of business in Androscoggin County, State of Maine that provides health care services.

4. Defendant Tad Renvyle, M.D. ("Dr. Renvyle") is licensed to practice medicine in the State of Maine and at all times relevant hereto was employed by or associated with XPA as a diagnostic radiologist.

System Failure, Agency, Direct and Vicarious Liability

5. Like all corporations, Defendants act through their employees and their agents, including medical doctors and other personnel, who combine to create a system of radiological services.

6. All references to Defendants, CMHC, or XPA within this Complaint are intended to be inclusive of all Defendants' employees or agents who participated in the radiological imaging, interpretation and reporting that is the subject of this lawsuit.

7. Plaintiff alleges that each and every person involved in the system of radiological care upon which Theresa relied was an actual or implied agent of XPA or CMHC, and that Theresa and Richard Campbell reasonably believed and relied upon the belief that Defendants would appropriately provide competent radiological services that met the standard of reasonable medical care.

8. Plaintiff specifically contends that Defendants XPA and CMHC were directly negligent based upon Defendants' negligent training, staffing, supervision, policies, compensation mechanisms that prioritize speed over clinical quality, and systems, as well as vicariously liable for the negligence of Dr. Renvyle whose conduct contributed to the failure to meet the standard of reasonable care to the decedent.

Post-Menopausal Uterine Enlargement Requires Investigation

9. In a postmenopausal woman, the uterus normally becomes smaller because it is no longer stimulated by reproductive hormones. Therefore, the discovery of an enlarged uterus in a postmenopausal patient is not considered a normal finding and requires explanation.

10. Radiologists and clinicians are trained to treat this finding with particular caution because enlargement of the uterus after menopause can reflect a variety of underlying conditions, ranging from benign processes such as fibroids to more serious causes, like cancer.

11. When imaging reveals an enlarged uterus in a postmenopausal woman, the clinical questions become: what is causing the enlargement, and whether the underlying process is benign or malignant.

Standard of Care for Radiologic Interpretation and Reporting

12. The standard of care for radiologists interpreting pelvic ultrasound requires that they systematically identify and evaluate the key pelvic anatomical structures, including the uterus, endometrium, cervix, and ovaries, and assess any lesions or other abnormalities within those structures.

13. Accurate interpretation requires that these structures be clearly visualized and distinguishable from the surrounding tissue so that their size, shape, and internal characteristics can be reliably assessed.

14. When the relevant anatomy cannot be adequately visualized—for example, when the endometrium cannot be clearly delineated or the borders of a uterine lesion cannot be confidently defined—the study is considered limited.

15. When an imaging study is limited or cannot fully answer the clinical question, the radiologist must say so in the report and recommend further evaluation.

16. When a pelvic ultrasound performed to evaluate an enlarged uterus does not clearly visualize the relevant anatomy or reveals a lesion that cannot be confidently characterized as benign or malignant but that has some visible features not completely consistent with a benign

process, the radiologist must acknowledge that uncertainty and recommend additional imaging capable of answering the question.

17. The appropriate next studies in this setting are well known. A transvaginal ultrasound provides higher-resolution imaging of the uterus and endometrium, and a pelvic MRI allows detailed characterization of uterine masses and can help distinguish benign from malignant processes. In the alternative, recommending a biopsy may also be appropriate.

Uterine Carcinosarcoma

18. Uterine carcinosarcoma is a less common but highly aggressive form of uterine cancer.

19. When diagnosed at an early stage (Stage I or Stage II), while confined to the uterus (Stage I) or uterus and cervix (Stage II), patients are treated with surgery followed by chemotherapy and radiation, and many patients achieve long-term survival and cure.

20. Even after uterine carcinosarcoma has progressed to Stage III (impacting the ovaries) or Stage IV (metastasized beyond the uterus and immediate structures to other areas of the body), effective life-extending and palliative treatment is still possible. However, once the disease has metastasized beyond the uterus and grown so large as to be unresectable, it becomes incurable and carries a very poor prognosis.

The Delay in Diagnosing and Treating Theresa Campbell's Uterine Cancer

April 4, 2023 — CT Scan Reveals an Enlarged Uterus

21. On March 28, 2023, Theresa Campbell presented to her primary care provider, Family Nurse Practitioner Kristin Arsenault, with complaints of blood-tinged urine and flank pain.

22. In response, FNP Arsenault ordered a CT scan of the abdomen and pelvis to evaluate those symptoms.

23. The CT scan was performed at Rumford Hospital on April 4, 2023, and interpreted by John Harris, M.D. (“Dr. Harris”). Dr. Harris is licensed to practice medicine in the State of Maine and at all times relevant hereto was employed by or associated with XPA as a diagnostic radiologist.

24. Dr. Harris reported that the CT scan was negative for kidney stones but revealed an important abnormal finding: "The uterus appears enlarged, which may be due to a large fundal fibroid."

25. The CT incidentally revealed the lungs, which were clear of nodules.

26. Recognizing the limitations of the CT scan, Dr. Harris did not attempt to definitively characterize the abnormality. Instead, he recommended further imaging, concluding: "Enlarged uterus. Further evaluation with ultrasound recommended."

April 17, 2023 — Pelvic Ultrasound Ordered to Evaluate the Enlarged Uterus

27. Following Dr. Harris's recommendation, FNP Arsenault ordered a complete pelvic ultrasound—a study that generally includes two components, one performed trans-abdominally, the other performed trans-vaginally.

28. The study was performed at Rumford Hospital on April 17, 2023, at 2:17 PM. The clinical indication for the examination was clearly stated: "enlarged uterus on CT."

29. The examination was performed transabdominally only, because Theresa declined the transvaginal portion of the study.

30. Transvaginal ultrasound provides far superior visualization of the pelvic organs but is also an invasive and often painful procedure in patients such as Theresa Campbell who have genitourinary syndrome of menopause.

31. The study was only able to visualize the right ovary, but that ovary appeared normal with no visible lesions or masses. No doppler imaging of the ovary was recorded.

32. The ultrasound technologist who conducted the study noted “fundal fibroid” on her worksheet, and made a notation that patient declined a trans-vaginal exam. She did not counsel Theresa with respect to the potential importance of a trans-vaginal exam, or with respect to any limited ability to answer the clinical question on the basis of the transabdominal exam alone.

33. The images obtained together with the technologist’s worksheet were transmitted electronically for interpretation to Defendant Tad Renvyle, M.D., who read the study remotely from Central Maine Medical Center in Lewiston after Theresa had left Rumford Hospital.

Problems with Theresa's Ultrasound Images

34. Multiple technical and diagnostic limitations prevented the April 17 ultrasound study from adequately answering the clinical question: why a postmenopausal woman's uterus was enlarged.

35. The examination was performed transabdominally only, which is a less sensitive method for evaluating pelvic organs and, depending on the patient and other variables, may be insufficient to adequately visualize those organs.

36. A patient's decision not to undergo the transvaginal portion of the study does not eliminate the radiologist's obligation to recognize when transabdominal images alone are insufficient to answer the clinical question.

37. In fact, it makes it even more important that the interpreting radiologist recognize whether the examination is incomplete and recommend additional evaluation.

Dr. Renvyle's Negligent Interpretation

38. The ultrasound study consisted of thirty-nine static images. Review of the Picture Archiving and Communication System (PACS) metadata shows that Dr. Renvyle spent a total of one minute and fifty-seven seconds reviewing the ultrasound images before generating his report.

39. Dr. Renvyle's report documented that Theresa's uterus measured 10.7 x 7.7 x 5.4 cm, approximately twice the expected size for a woman who had had three children and was fifteen years post-menses.

40. The only abnormality identified in the report was a small, 1.8 x 2.6 x 2.1 centimeter lesion, which Dr. Renvyle described as a "posterior fundal subserosal fibroid."

41. Dr. Renvyle's impression stated simply: "Fundal fibroid."

42. Despite the study's limitations, Dr. Renvyle's report contained no disclosure that the study was limited and no recommendation for additional imaging.

43. The small lesion described could not reasonably account for a uterus measuring more than 10 centimeters.

44. Even accepting the report at face value, the findings described did not answer the clinical question that prompted the study—why the uterus appeared enlarged on CT.

45. Dr. Renvyle acknowledged that he never reviewed the April 4 CT scan, even though the CT finding of an enlarged uterus was the very reason the ultrasound was ordered.

46. Had he reviewed that study, he would have seen that Dr. Harris had described a “large” uterine abnormality on the CT, yet Dr. Renvyle identified only a 2.6-centimeter lesion without reconciling the obvious discrepancy.

The Consequences of Dr. Renvyle's Report

47. Dr. Renvyle's interpretation gave the false impression that Theresa's enlarged uterus was caused by a small, benign fibroid. Dr. Renvyle expressed no qualification or uncertainty with respect to his finding.

48. On May 10, 2023, complaining of severe right lower quadrant abdominal spasms, Theresa was evaluated by student nurse practitioner Erica Whetmore and Catharine Heffernan, CNM. Theresa’s physical exam demonstrated a grossly normal uterus, ovaries and cervix. The providers concluded Theresa's ultrasound report was "very reassuring that there was no cancer" and fibroids were “unlikely the cause of her current spasms”.

49. Theresa was given educational materials describing fibroids as "almost always not cancer (benign)" and instructed to follow up if symptoms worsened. No gynecologic referral was made, and no additional gynecological imaging was ordered.

50. The diagnostic process therefore stopped, and Theresa's underlying cancer continued to grow undetected.

Summer–Early Fall 2023 — Symptoms Continue and Worsen

51. Over the next several months, Theresa experienced persistent and worsening symptoms, including abdominal pain, dizziness and low blood pressure, progressive back pain, and significant unintended weight loss.

52. She sought treatment for these symptoms through primary care visits, osteopathic manipulation therapy, and physical therapy.

October 10, 2023 — CT Reveals Large Malignant Pelvic Mass

53. On September 29, 2023, Theresa reported new abdominal pain during a primary care visit.

54. A CT scan of the abdomen and pelvis with contrast was ordered and performed on October 10, 2023.

55. Radiologist Locke Barber, M.D. compared the study to the April 4th CT and reported alarming findings: "There is a large bilobed mass involving the uterus significantly increased in size since the prior study. This now measures 14.7 x 9.4 x 11 cm. This does not appear to be a simple fibroid... Endometrial carcinoma certainly a possibility."

56. Following the CT findings, Theresa was urgently referred to gynecologic oncologist Dr. Hector Tarraza.

November 2023 — Surgery Reveals Advanced Cancer

57. On November 9, 2023, Theresa underwent surgery that revealed advanced, metastatic uterine carcinosarcoma.

58. Her surgeons discovered extensive disease including a large uterine tumor, retroperitoneal tumor involving the bowel mesentery, and tumor nodules throughout the retroperitoneum.

59. Final pathology confirmed metastatic high-grade uterine carcinosarcoma. The tumor had invaded 100% of the uterine muscle wall, spread to both ovaries and fallopian tubes, spread to the sigmoid colon, and spread to the lungs.

60. Following surgery, Theresa experienced severe complications including pulmonary emboli, acute respiratory failure, septic shock, and bowel perforation requiring additional surgeries.

December 2023 — Transition to Hospice

61. Because of the aggressive metastatic cancer and her devastating complications, Theresa's prognosis was determined to be less than one month to live.

62. After nearly a month in the hospital, she was discharged home with hospice care on December 4, 2023.

63. Theresa Campbell died at home on January 5, 2024, at 6:48 AM at the age of 65.

64. She left behind three children, four grandchildren, and her husband of 48 years, Richard Campbell.

COUNT I: SURVIVAL CLAIM FOR PRE-DEATH DAMAGES

65. Plaintiff re-alleges the preceding allegations.

66. Defendants owed Theresa Campbell a duty to practice safe and reasonable radiology within standards of acceptable medical care.

67. Defendants breached this duty by, among other things:

- a) Failing to spend adequate time reviewing the ultrasound images,
- b) Failing to recognize and report that the ultrasound study was limited,
- c) Failing to acknowledge that the cause of uterine enlargement could not be determined from the available images,
- d) Failing to recommend further diagnostic evaluation with transvaginal ultrasound or pelvic MRI,

- e) Providing a falsely reassuring interpretation that stopped the diagnostic process,
- f) Failing to review the prior CT scan that prompted the ultrasound.
- g) Failing to reconcile the discrepancy between the large uterine abnormality seen on CT and the small lesion identified on ultrasound,
- h) Failing to have adequate policies, procedures, training, oversight and supervision to ensure that the standard of safe and reasonable radiological care was met.

68. As a direct and proximate result of Defendants' negligence, Theresa's uterine cancer went undiagnosed and untreated for approximately six months, allowing the cancer to progress from a likely curable Stage I disease to unresectable metastatic cancer requiring multiple, complex surgeries that precipitated severe complications.

69. Theresa suffered harm prior to her death, including conscious pain and suffering, emotional distress, and loss of opportunity for cure.

70. Plaintiff, as Personal Representative of the Estate of Theresa Campbell, seeks all categories of damages that would have been recoverable to Theresa Campbell prior to the time of her death, and which survive her death by virtue of Maine's survival statute 18-C M.R.S. § 3-817, including medical expenses, conscious pain and suffering, and emotional distress.

COUNT II: WRONGFUL DEATH

71. Plaintiff re-alleges the preceding allegations.

72. As a result of the negligence detailed above, Theresa Campbell died of uterine cancer and the complications of her surgeries at a date and time earlier than she likely would

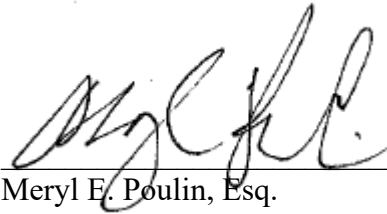
have died from natural causes had her cancer been diagnosed and treated within appropriate standards of care.

73. Plaintiff seeks the categories of damages recoverable pursuant to Maine's death act, 18-C M.R.S. § 2-807, including medical and funeral expenses; loss of comfort, society and companionship of the deceased; and emotional distress.

Request for Trial by Jury

WHEREFORE, Plaintiff requests judgment in his favor for damages, together with costs, interest, attorneys' fees, and such other and further relief as this Court finds just and appropriate.

Dated: May 20, 2026



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