

1 GI physician biopsied the esophageal stricture, which revealed a high-grade presence of abnormal,
2 inflamed tissue (dysplasia) in Patient A’s esophagus.

3 5. High grade dysplasia is a known precursor for esophageal cancer.

4 6. Additionally, on January 11, 2019, Patient A underwent a double contrast
5 esophagram, which demonstrated the appearance of an esophageal stricture. On January 28, 2019,
6 Patient A also underwent a computed tomography (CT) of the neck area, which demonstrated a
7 cervical esophageal wall thickening.

8 7. On June 13, 2019, Patient A presented to Respondent, who is a cardiothoracic
9 surgeon, to address the esophageal high grade dysplasia diagnosis. Respondent noted the biopsy
10 taken in March 2019, and determined that Patient A “would most likely require some sort of
11 surgical resection.” Respondent further noted that a neck CT scan had already been done, and that
12 Respondent would try to locate the test.

13 8. On July 12, 2019, Patient A underwent a CT of the chest area. The CT report
14 demonstrated some nonspecific thickening of the esophagus.

15 9. On July 29, 2019, Respondent performed an esophageal endoscopy on Patient A
16 and afterwards noted that the esophagus appeared to be without any mass lesion or stricture.
17 However, Respondent also noted that there was “some raw area” in the esophagus possibly related
18 to prior interventions but “definitely no area of stenosis.”

19 10. On July 29, 2019, Respondent did not perform a biopsy of Patient A’s esophagus
20 area, including the “raw area” that Respondent noted.

21 11. On August 1, 2019, Respondent met with Patient A and diagnosed Patient A with
22 an aberrant right subclavian artery as the cause of the dysphagia, while also noting that “there was
23 nothing inherently wrong with her esophagus.” On this date, Respondent felt that a surgical
24 procedure to reposition the subclavian artery would be necessary.

25 12. On February 5, 2020, another GI physician performed an esophageal endoscopy on
26 Patient A, which revealed an extreme narrowing in the cervical esophagus.

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COUNT II

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

20. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

21. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

22. NAC 630.210 requires a physician to “seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.”

23. Respondent failed to timely seek consultation with the referring GI physician regarding Patient A’s medical condition, and Respondent should have consulted with the referring GI physician to address the doubtfulness of the diagnosis of Patient A’s medical condition. Such a timely consultation, including discussion of the inconsistencies between Respondent’s evaluations and the referring GI physician’s evaluations regarding Patient A’s esophagus, could have confirmed or denied Respondent’s diagnosis and may have enhanced the quality of medical care provided to Patient A.

24. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

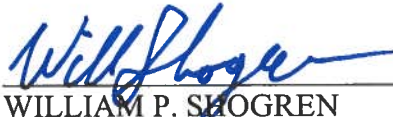
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5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 27th day of March, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 27th day of March, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



BRET W. FREY, M.D.

Chairman of the Investigative Committee