



1           4.       Results of the ultrasound showed multiple complex ovarian cysts, where the right  
2 ovarian cyst was measured approximately 7.8 cm x 6.9 cm x 4.1 cm, and the left ovarian cyst  
3 measured approximately 6.8 cm x 5.5 cm x 4.6 cm.

4           5.       On December 5, 2019, Patient A presented to Respondent for an initial consultation  
5 for complex bilateral adnexal masses found in conjunction with a sixteen (16) week pregnancy.  
6 Respondent documented that Patient A had simple cysts; however, the November 6, 2019, scan at  
7 HRPC, described both masses as complex. Further, there was no documentation of a physical  
8 exam performed on Patient A, no formal report of the ultrasound images, or any statement that  
9 Respondent reviewed the images, ordered images, or performed any additional imaging. There  
10 was also no differential diagnosis of the masses discussed.

11           6.       On December 11, 2019, Patient A, now seventeen (17) weeks pregnant, was seen  
12 for a second consultation and an ultrasound at HRPC. The maternal fetal medical physician  
13 observed again and documented the presence of complex bilateral cysts. Both ovarian masses  
14 appeared stable in size when viewed in conjunction with the previous visit. Patient A was advised  
15 to discuss the adnexal masses with Respondent.

16           7.       On December 11, 2019, Patient A had a follow-up appointment with Respondent.  
17 Respondent counseled Patient A on the option of surgical intervention for possible malignancy  
18 versus watchful waiting. Patient A elected to proceed with surgical intervention. Of note, there  
19 was no mention of a pelvic exam in Patient A's medical records, there was a vague record of an  
20 abdominal exam that stated, "uterine size consistent with her gestational age," and there was no  
21 record of Respondent ever reviewing the ultrasound images.

22           8.       On December 16, 2019, Patient A underwent a laparoscopy with amniotomy, a  
23 laparotomy with repair of amniotomy, lysis of adhesions, and drainage of cysts. Respondent  
24 failed to perform an exam under anesthesia prior to the procedure.

25           9.       Respondent failed to detail the surgical technique used, the size of the trocar, and  
26 the size of the amniotomy. Because of Patient A's anatomy, the ovaries were not able to be fully  
27 visualized, and the laparoscopic procedure was converted to an open laparotomy.

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1 imaging, or performed additional imaging himself. There was also no discussion of a differential  
2 diagnosis of the masses in the operative reports. Lastly, Respondent failed to maintain complete  
3 medical records by not mentioning an exam under anesthesia prior to the December 16, 2019,  
4 procedure, not describing the exact technique used during the procedure, and not recording of the  
5 size of the trocar used or the size of the amniotomy.

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

8 **WHEREFORE**, the Investigative Committee prays:

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

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

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

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

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

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

22 DATED this 22 day of January, 2024.

23 INVESTIGATIVE COMMITTEE OF THE  
24 NEVADA STATE BOARD OF MEDICAL EXAMINERS

25 By:



26 ALEXANDER J. HINMAN

27 Deputy General Counsel

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Reno, NV 89521

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28 *Attorney for the Investigative Committee*

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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 22nd day of January, 2024.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



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BRET W. FREY, M.D.  
*Chairman of the Investigative Committee*