

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint

Case No. 25-48468-1

Against:

FILED

BRIAN TRACY EVANS, M.D.,

APR 23 2025

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Brian Tracy Evans, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 17826). Respondent was originally licensed by the Board on April 4, 2018, and has a specialty in interventional radiology.

2. Patient A² was a seventy-seven (77) year-old female when she first presented to Respondent.

3. On June 28, 2022, Patient A presented to Respondent, an interventional radiologist, at Comprehensive Integrated Care (CIC), an outpatient setting, for discussion of endovascular treatment. Patient A had been previously diagnosed with a long segment chronic occlusion of the

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela J. Beal, and Irwin B. Simon, M.D., FACS.

² Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

1 right superficial femoral artery (SFA) and had been experiencing chronic limb ischemia with
2 ischemic rest pain.

3 4. During the June 28, 2022, visit, Respondent assessed Patient A with peripheral
4 artery disease, SFA occlusion, claudication in peripheral vascular disease, and critical limb
5 ischemia of both lower extremities. Respondent also noted that Patient A had a long history of
6 peripheral artery disease as well as a strong smoking history. Patient A opted not to undergo open
7 surgery to treat the occlusion and instead wanted to explore the possibility of a less invasive
8 endovascular procedure.

9 5. On July 15, 2022, Patient A returned to CIC and underwent an angiogram of the
10 right leg, which demonstrated a chronic total, right SFA occlusion. This condition was treated by
11 another physician with angioplasty, atherectomy, and laser.

12 6. On August 2, 2022, Patient A returned to CIC with recurrent, severe right leg pain.
13 Respondent performed a right leg angiogram, which demonstrated re-occlusion of the SFA with a
14 thrombus (blood clot) on the common femoral bifurcation in Patient A's leg. Patient A's
15 preoperative diagnosis consisted of peripheral vascular disease and SFA occlusion.

16 7. That same day, Respondent treated Patient A's occluded SFA by performing an
17 extensive thrombectomy and balloon angioplasty with stenting.

18 8. During these procedures, Respondent mispositioned the proximal stent, which
19 partially covered the opening of Patient A's profunda femoris artery. According to Respondent's
20 notes, Respondent recognized that the profunda femoris artery did not opacify and attempted to
21 restore patency by performing an angioplasty of the profunda femoris artery.

22 9. However, Respondent did not recognize that the profunda femoris artery was
23 actually occluded with a clot. Instead, Respondent attributed the non-visualization of the profunda
24 femoris artery to "preferential flow into the SFA" and finished the procedure.

25 10. Due to the partial occlusion of the profunda femoris artery caused by Respondent's
26 August 2, 2022, procedure, Patient A no longer had back-up blood flow via collaterals from the
27 profunda femoris artery. After the August 2, 2022, procedure, Patient A's SFA became re-
28 occluded.

1 11. On August 4, 2022, Patient A called Respondent's office with complaints of severe
2 right lower extremity pain.

3 12. Patient A's complaints of severe pain, as well as her medical history and recent
4 history involving endovascular procedures, collectively indicated acute limb ischemia caused by
5 thrombosis. Acute limb ischemia requires emergent evaluation and treatment and, if left
6 untreated, can lead to tissue death and potentially limb loss.

7 13. However, on August 4, 2022, Respondent did not note the possibility of acute limb
8 ischemia and did not recommend or order Patient A go to the emergency room (ER) immediately.

9 14. Instead, Respondent advised that Patient A obtain a stat ultrasound. Due to the
10 unavailability of an ultrasound technician at CIC on August 4, 2022, Respondent referred Patient
11 A to Nevada Vein & Vascular for the stat ultrasound.

12 15. On August 5, 2022, Patient A presented to Nevada Vein and Vascular and was
13 recognized to be in acute limb ischemia and sent to the ER emergently.

14 16. In the ER, on August 5, 2022, Patient A was correctly diagnosed with acute limb
15 ischemia and taken to surgery. That same day, a vascular surgeon performed surgery on the
16 ischemic leg. During surgery, the orifice of the profunda femoris artery was found to be partially
17 covered by stents and the profunda to be occluded. Patient A then successfully underwent a right
18 femoral artery to anterior tibial artery bypass, which restored flow to the lower leg.

19 **COUNT I**

20 **NRS 630.301(4) – Malpractice**

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

23 18. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
24 disciplinary action against a licensee.

25 19. NAC 630.040 defines malpractice as "the failure of a physician, in treating a
26 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar
27 circumstances."

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20. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating Patient A, by failing, on August 4, 2022, to (1) recognize that Patient A had acute limb ischemia due to re-occlusion of the SFA stents placed on August 2, 2022 and the thrombosis of the profunda femoris artery secondary to the stent placement; and (2) act emergently to diagnose and treat Patient A's acute ischemia, which placed Patient A at risk for imminent limb loss.

21. 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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1 5. That the Board make, issue and serve on Respondent its findings of fact,
2 conclusions of law and order, in writing, that includes the sanctions imposed; and

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

5 DATED this 23rd day of April, 2025.

6 INVESTIGATIVE COMMITTEE OF THE
7 NEVADA STATE BOARD OF MEDICAL EXAMINERS

8 By: 

9 WILLIAM P. SHOGREN
10 Deputy General Counsel
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13 Tel: (775) 688-2559
14 Email: shogrenw@medboard.nv.gov
15 Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., Ph.D., FACC, 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 23rd day of April, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



CHOWDHURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee