BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **SCOTT FRANKLIN SHEPHERD, M.D., Respondent.**	**Case No. 25-27715-1**

FILED
SEP 25 2025
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Alexander J. Hinman, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Scott Franklin Shepherd, 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 physician holding an active license to practice medicine in the State of Nevada (License No. 10528). Respondent was originally licensed by the Board on July 1, 2003.

2. Patient A[2] was a forty-one (41) year-old male at the time of the events at issue with a history of hypothyroidism.

3. On March 24, 2019, at 5:12 p.m., Patient A presented ambulatory to the Emergency Department (ED) at Renown Regional Medical Center with a chief complaint of "rapid heartbeat" and "shortness of breath."

/ / /

[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 Victor M. Muro, M.D., Ms. Maggie Arias-Petrel, and Aury Nagy, M.D.

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

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

4. At 5:14 p.m., initial vital signs were taken, which included a temperature of 97.7 degrees Fahrenheit, a heart rate of 84 beats per minute (bpm), a measured blood pressure of 195/92, respiratory rate of 18, and pulse oximetry of 91% on room air.

5. At 5:32 p.m., an electrocardiogram (EKG) was completed, which demonstrated a sinus rhythm heart rate of 75 bpm.

6. At 5:41 p.m., a nursing triage assessment note described "Pt experienced 'racing heart' while walking to shuuttle [sic] for work this morning. Endorses a similar event 2 weeks ago, as well as periods of heart palpitations [sic] 'skipping a beat.' A straining feeling occurs from bicep to L wrist occurs with heart palpatations [sic]." The note goes on to describe "SOB" (shortness of breath) that "occurs during racing heart episode." Patient A communicated to the nurse that "[i]t hurts when I take a deep breath." Lastly, Patient A was noted to be "speaking in full sentences" with "even and unlabored" respirations.

7. Repeat vital signs were taken for Patient A at 6:16 p.m. and included a heart rate of 83 bpm, a blood pressure of 136/80, respiratory rate of 14, and a pulse oximetry of 90% on room air.

8. Patient A was evaluated by Respondent at 6:32 p.m., and Respondent documented that Patient A stated he experienced a twenty-five (25) minute episode of "elevated heart rate with associated chest discomfort which radiated down his left arm while walking to work this morning," and the symptoms, "resolved after he arrived here and laid down."

9. Patient A described three (3) episodes of heart palpitations that occurred two (2) nights prior to his presentation at the ED. In one episode, Patient A described his experience as palpitations accompanied by discomfort down the left arm, and in another episode, he experienced palpitations accompanied by discomfort on the right side of his neck. Additional complaints included three (3) weeks of respiratory congestion and pain with deep breathing, and insomnia which he attributed to his work schedule. Patient A denied any family history of heart attacks, use of any medications, and the use of drugs or alcohol.

10. Patient A's physical exam was notable for a few reasons. First, he had a room air pulse oximetry of 90%, second, he had a weight of 346.4 pounds (lbs.) with a body mass index

(BMI) of 43.29. A cardiac exam demonstrated that Patient A had a regular rate and rhythm without murmurs, rubs, or gallops. Patient A was further described as breathing comfortably with no respiratory distress and his lungs clear to auscultation bilaterally, without any wheezes or rales. Patient A's extremities had intact distal pulses without any clubbing, cyanosis, or edema, and his skin was warm and dry.

11. A peripheral IV was established, and Patient A was placed on cardiac monitoring with pulse oximetry. The medical decision-making documented by Respondent at 6:32 p.m., indicates that he made Patient A aware "...his palpitations may be caused by premature ventricular contractions (PVC's) which may be caused by stimulants such as caffeine use and decreased sleep... he will likely need to follow up with cardiology to have a halter [sic] monitor evaluation."

12. At 6:46 p.m., Respondent ordered diagnostic studies which were comprised of a complete blood count, a comprehensive metabolic panel, an initial two (2) hour troponin level test, and a chest x-ray.

13. The EKG was interpreted by Respondent as a "normal ECG" with "no significant changes" compared with a prior baseline EKG from August 17, 2011.

14. At 7:00 p.m., repeat vital signs demonstrated a heart rate of 78 bpm, blood pressure of 128/77, respiratory rate of 20, and pulse oximetry of 92% on room air.

15. The chest x-ray was interpreted by the radiologist in the diagnostic report as demonstrating "no acute cardiopulmonary abnormality" with "no evidence of infiltrate or other acute process" and "no obvious pleural effusion."

16. The initial laboratory results were unremarkable, with a normal highly sensitive troponin I of 0.01 ng/mL.

17. At 8:51 p.m., according to the medical decision-making documentation by Respondent, he "...[i]nformed the patient that his initial lab results are reassuring and do not indicate any signs of a heart attack within the last two days, however I am repeating it at this time to further evaluate. I discussed the risk factors for heart disease which he is on the low end of the scale. Given this, and that he has not had any more palpitations since arriving here, its [sic]

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

unlikely his symptoms are secondary to a heart attack and are more likely secondary to benign PVC's." Respondent goes on to write, "[r]ecommended that he stop any caffeine intake and reduce stimulation and focus on getting more sleep to help reduce these palpitations. Once his second troponin lab returns, and if it is benign, he will be discharged with referral to cardiology to have a halter [sic] monitor evaluation performed."

18. At 9:07 p.m., a two (2) hour repeat sensitive troponin test was collected, and at 9:13 p.m. Respondent entered a nursing communication order indicating "[i]f second troponin is negative may discharge."

19. Vital signs at 9:30 p.m., demonstrated a heart rate of 86 bpm, blood pressure of 125/82, and pulse oximetry of 94% on room air.

20. At 9:45 p.m., the repeat highly sensitive troponin I returned normal at 0.01 ng/mL.

21. Vital signs at 10:00 p.m. demonstrated a heart rate of 75 bpm, blood pressure of 117/76, respiratory rate of 14, and pulse oximetry of 92% on room air.

22. Further decision-making documentation by Respondent includes, "[c]linically the patient appears well and there is [sic] no significant abnormalities. The patient's heart score is 1 which makes him a low-risk candidate for acute coronary syndrome. 2 troponins were obtained there [sic] were both negative. Chest x-ray is normal on [sic] current EKG is normal and the patient's been asymptomatic since he has been here." Respondent then concludes, "[m]y impression is the patient is having a sensation of palpitations. Could very well be PVCs or PACs [premature atrial contractions] he did not have any other symptoms since he was in the hospital so I could not see any of those findings. At this point I recommend after for the patient to follow-up with cardiology for outpatient reevaluation to include a Holter monitor and return as needed. At this point I do not feel the patient requires admission [to] the hospital for further stratification. I feel the patient is stable for discharge."

23. An "After Visit Summary" was printed at 10:06 p.m., that included standardized discharge instructions pertaining to "Palpitations".

24. Patient A was discharged home with a final impression of "Palpitations," and was referred for follow-up in one (1) week with the Renown Institute for Heart and Vascular Health.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

25. On March 26, 2019, two (2) days after Patient A's initial presentation at Renown, he was evaluated by a cardiologist at the Renown Institute for Heart and Vascular Health. Vital signs taken at 4:15 p.m., included a heart rate of 88 bpm, blood pressure of 124/70, and pulse oximetry of 90% on room air. The cardiologist noted that with walking, Patient A's heart rate increased to 127 bpm and pulse oximetry decreased to 77%. At that time, the cardiologist ordered a d-dimer test, an echocardiogram, overnight pulse oximetry, and a referral to pulmonology, with a plan for close clinical follow-up.

26. Less than twelve (12) hours later, at 3:20 a.m., on March 27, 2019, Patient A was transported via ambulance to the ED at Renown Regional Medical Center with a chief complaint of shortness of breath and cough, and a reported pulse oximetry of 83% on room air. At that time, Patient A was noted to have non-pitting edema of the left lower extremity. Laboratory blood tests were ordered, and CT pulmonary angiography tests were ordered.

27. Pursuant to the blood panel results, Patient A's troponin level was 0.53 ng/mL [normal range: 0.00-0.04] and d-dimer level was elevated at 10.11 mcg/mL [normal range: 0.00-0.50], with B-type natriuretic peptide (BNP) level showing normal at 36.

28. Per the radiologist's interpretation, CT pulmonary angiography revealed "[e]xtensive pulmonary thromboemboli right greater than left with evidence of right heart strain... Multifocal consolidation mostly on the left is likely related to infarction... 4.3 cm ascending aortic aneurysm."

29. Patient A was placed on a heparin drip and treated with tissue plasminogen activator (TPA) for submassive pulmonary embolus with right heart strain and was admitted to the intensive care unit.

30. A venous Doppler ultrasound of the left lower extremity revealed acute venous thrombosis of the popliteal and proximal posterior tibial veins.

31. Patient A underwent placement of an inferior vena cava (IVC) filter and was subsequently discharged home three (3) days later, with a plan for six (6) months of oral anticoagulation treatment.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COUNT I

NRS 630.301(4) - Malpractice

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

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

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

35. 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 rendering medical services to Patient A, by failing to address Patient A's multiple abnormal pulse oximetry readings to rule out a pulmonary embolism. Further, the records reflect that Respondent had already made the decision to discharge Patient A from the hospital at 9:13 a.m., when he entered a nursing communication order indicating "If second troponin is negative may discharge," assuming the troponin test would be normal instead of pursuing a differential diagnosis of pulmonary embolism.

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

WHEREFORE, the IC 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;

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 25th day of September, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Alexander J. Hinman

ALEXANDER J. HINMAN
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: ahinman@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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 25th day of September, 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

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559