BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **VATSALA KESAVULU, M.D.,** **Respondent.**	**Case No. 25-33577-1**

FILED
JUL 11 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 William P. Shogren, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Vatsala Kesavulu, 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. 12813). Respondent was originally licensed by the Board on July 14, 2008, and has a specialty in pediatric critical care.

2. Patient A[2] was a sixteen (16) year-old male at the time of the events at issue.

3. Patient A presented to St. Rose Dominican Hospital – Siena Campus Emergency Department (ED) on the morning of March 2, 2022, with complaints of left-sided chest pain, intermittent palpations, and two (2) recent episodes of seizures and/or syncope.

4. On March 2, 2022, at or around 6:37 a.m., an ED physician ordered a chest x-ray and various labs, including a D-dimer test to stratify for pulmonary embolism risk.

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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 Bret W. Frey, M.D., Col. Eric D. Wade, USAF (Ret.), and Carl N. Williams, Jr., M.D., FACS.

[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.

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5. The chest x-ray taken on March 2, 2022, demonstrated a "left upper lobe infiltrate." The hospital staff member who reviewed the chest x-ray, at approximately 7:25 a.m. on March 2, 2022, recommended a computed tomography (CT) scan of Patient A's chest with contrast.

6. Patient A's troponin and D-dimer test results returned on the morning of March 2, 2022, with abnormal and elevated results. Patient A's Troponin I level was 0.107 ng/mL and the D-dimer test demonstrated an elevated result of 2,743 ng/mL, at or around 9:41 a.m.

7. According to Patient A's St. Rose Dominican Hospital-Siena Campus records, "[f]or this D-dimer test, a result below 230 ng/mL is reported to have 100% negative predictive value for deep venous thrombosis and pulmonary embolism. A result below this level is therefore useful in helping to exclude deep venous thrombosis and pulmonary embolism."

8. An elevated D-dimer level suggests an increased risk of blood clots.

9. Patient A was admitted to the pediatric intensive care unit (PICU) and arrived in the afternoon of May 2, 2022, where Respondent, a pediatric critical care physician, assumed care of Patient A. After assuming care, Respondent noted that Patient A was obese.

10. Sometime in the afternoon or evening of March 2, 2022, Patient A was placed on a twenty-three (23) hour electroencephalogram (EEG) test. The EEG demonstrated no evidence of seizure or epileptiform activity.

11. Additionally, during the evening of March 2, 2022, Patient A underwent an echocardiogram, which demonstrated evidence of pulmonary hypertension.

12. During Patient A's hospitalization on March 2, 2022, and March 3, 2022, Patient A continued to experience an increased heart rate (tachycardia), which was noted to be 122 bpm on March 3, 2022, at approximately 8:00 a.m.

13. On the morning of March 3, 2022, Patient A's D-dimer and Troponin I levels remained elevated. At approximately 4:48 a.m., Patient A's D-dimer test result showed an elevated rate of 4,786 ng/mL. At approximately 7:00 a.m. Patient A's Troponin I level was recorded as 0.083 ng/mL.

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14. Patient A also experienced continued rapid breathing (tachypnea), which was noted and flagged in the medical records as "H" the evening of March 2, 2022, and morning of March 3, 2022.

15. During Patient A's hospital stay on March 2, 2022, and March 3, 2022, Respondent did not obtain a CT scan of the chest with contrast. Respondent noted she was "[u]nable to obtain chest x-ray and CT today as patient 23-hour EEG. Once this is completed we will proceed with chest imaging."

16. On March 3, 2022, at approximately 4:40 p.m., Patient A experienced a near-syncopal episode. Respondent evaluated Patient A shortly thereafter and ordered two (2) one-liter boluses of normal saline and requested a cardiology consultation.

17. During the evening of March 3, 2022, Patient A's heart rate dropped acutely and a "code blue" was initiated.

18. Patient A passed away on March 3, 2022, at approximately 9:00 p.m. Patient A's cause of death was later listed as due to a pulmonary thromboembolism, saddle type.

COUNT I

NRS 630.301(4) – Malpractice

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

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

21. 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."

22. 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 on March 2, 2022, and March 3, 2022, by failing to obtain the appropriate diagnostic testing, specifically an urgent chest CT scan with contrast, to evaluate Patient A for a pulmonary embolism. Between March 2, 2022 and March 3, 2022, Patient A clearly

demonstrated several indications that were consistent with a risk of pulmonary embolism, including, but not limited to, Patient A's (1) noted obesity; (2) Patient A's presenting symptoms; (3) Patient A's chest x-ray results from March 2, 2022; (4) continued tachycardia; (5) continued tachypnea; (6) continued elevated D-Dimer and Troponin I levels; and (7) pulmonary hypertension based on Patient A's echocardiogram results. Given his clinical presentation, Patient A required an urgent CT scan of his chest with contrast to potentially identify a pulmonary embolism and initiate appropriate therapy, to be taken on the evening of March 2, 2022, or, at the very latest, during the afternoon of March 3, 2022.

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

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

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

25. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

26. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to correctly document her actions when he treated Patient A, by, among other things, failing to document the possibility of pulmonary embolism, especially considering a previous ED physician ordered a D-Dimer test to stratify for pulmonary embolism risk on March 2, 2022. As a result, the medical records were not timely, legible, accurate, and complete.

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

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WHEREFORE, the IC prays:

1. That the Board give Respondent notice of the charges herein against her and give her notice that she 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 11th day of July, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

WILLIAM P. SHOGREN
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: shogrenw@medboard.nv.gov
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 11th day of July, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee