

1                                   **BEFORE THE BOARD OF MEDICAL EXAMINERS**  
2                                   **OF THE STATE OF NEVADA**

3                                   \* \* \* \* \*

4  
5 **In the Matter of Charges and Complaint**

Case No. 25-12590-1

6 **Against:**

7 **ZIA UDDIN KHAN, M.D.,**

8 **Respondent.**

**FILED**

JUN 27 2025

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

By: 

9  
10                                   **COMPLAINT**

11                   The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners  
12 (Board), by and through William P. Shogren, Deputy General Counsel and attorney for the IC,  
13 having a reasonable basis to believe that Zia Uddin Khan, M.D. (Respondent) violated the  
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)  
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's  
16 charges and allegations as follows:

17                   1.       Respondent was at all times relative to this Complaint a medical doctor holding an  
18 active license to practice medicine in the State of Nevada (License No. 8956). Respondent was  
19 originally licensed by the Board on April 13, 1999, and has specialties in cardiovascular diseases  
20 and internal medicine.

21                   2.       Patient A<sup>2</sup> was a sixty-six (66) year-old female when she first presented to  
22 Respondent.

23                   3.       Respondent, a cardiologist, initially evaluated Patient A on June 21, 2019, for  
24 discolored feet, chills, and swelling of the foot and ankle. Patient A was noted to have type 2  
25 diabetes. Respondent also diagnosed Patient A with peripheral vascular disease, unspecified.

26  
27                   <sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal  
28 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..

<sup>2</sup> 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           4.       Patient A presented to Respondent at least three (3) times between June 21, 2019,  
2 and June 26, 2020, to address her foot and ankle swelling and the discoloration of her feet, as well  
3 as muscle aches and muscle weakness. Patient A underwent multiple ultrasound tests during this  
4 period, which did not demonstrate significant arterial disease. Patient A also underwent lower  
5 extremity arterial testing on June 9, 2020.

6           5.       On June 26, 2020, Patient A presented to Respondent for a follow-up visit. Patient  
7 A again reported having discoloration of her feet. At this visit, Respondent advised that an  
8 aortogram with possible stenting was necessary to further assess Patient A's apparent stenosis in  
9 her lower extremities.

10          6.       However, up to this point, from June 21, 2019, to June 26, 2020, Respondent did  
11 not note in Patient A's medical records any wounds or ulcerations. Respondent's notes from  
12 Patient A's physical examinations during this time also demonstrated palpable pedal pulses and no  
13 edema.

14          7.       Further, Patient A's June 9, 2020, test results did not demonstrate significant  
15 elevation of arterial velocities from the common femoral artery through the tibial arteries  
16 bilaterally which would correlate with significant arterial stenosis, necessitating an angiogram.

17          8.       Respondent's notes from June 9, 2020, state that an ankle brachial index (ABI)  
18 ultrasound was unable to be obtained. However, Respondent's notes do not state why an ABI  
19 ultrasound, which is less invasive than an aortogram, could not be obtained.

20          9.       Respondent's notes from June 9, 2020, further do not mention if he obtained other  
21 non-invasive tests, such as toe brachial indices, which can be helpful for assessing diabetic  
22 patients for peripheral artery disease (PAD), or pedal acceleration times for Patient A.

23          10.       On July 17, 2020, instead of undergoing less invasive treatment and/or testing,  
24 Patient A underwent an aortogram with bilateral lower extremity angiogram. Patient A then  
25 underwent an angioplasty of the left distal posterior tibial and left lateral plantar arch that same  
26 day.

27       ///

28       ///

1           11.     On August 18, 2020, Patient A underwent a right lower extremity aortogram, with  
2 angioplasty of the right distal posterior tibial/plantar arch and right dorsalis pedis and distal  
3 anterior tibial artery.

4           12.     From June 21, 2019, to August 18, 2020, Respondent did not note attempts at less  
5 invasive treatments and/or testing, such as creams or oral calcium blockers to prevent vasospasm,  
6 antiplatelet medications, or phosphodiesterase inhibitors.

7           13.     Patient A later presented to Respondent on September 30, 2020, with complaints of  
8 right lower extremity swelling and right calf pain.

9           14.     On March 9, 2021, Patient A underwent a bilateral venogram, intravascular  
10 ultrasound, and stent and balloon angioplasty of the left common iliac vein. On March 30, 2021,  
11 Patient A underwent another bilateral venogram, intravascular ultrasound, and angioplasty of the  
12 left common iliac vein with stenting.

13           15.     Respondent did not note in Patient A's medical records if Patient A underwent less  
14 invasive testing, such as a computed tomography (CT) venogram or pelvic ultrasound, prior to  
15 undergoing the venous stenting procedures on March 9, 2021, and March 30, 2021.

16           16.     Additionally, Patient A at this point had no prior history of left lower extremity  
17 deep vein thrombosis, necessitating a venous stenting procedure.

18           17.     Furthermore, the lesion in Patient A's first venogram from March 9, 2021, was  
19 documented at 40% stenosis. However, greater than 50% stenosis is noted to be the cutoff to  
20 recommend venous stenting.

21           18.     Additionally, on March 9, 2021, Respondent documented a Clinical-Etiology-  
22 Anatomy-Pathophysiology (CEAP) classification of at least four (4) on his indications for the  
23 venous stenting procedure. However, Respondent did not document that Patient A had  
24 hyperpigmentation, eczema, lipodermatosclerosis, healed ulceration, or active ulceration on her  
25 physical exams, indicating a CEAP classification of at least four (4).

26           19.     Patient A also underwent an aortogram with right leg angiogram on March 23,  
27 2021, to ensure no restenosis or thrombosis of the March 9, 2021, angioplasty had occurred.  
28 However, Respondent does not note the performance of a less invasive ABI or ultrasound testing

1 prior to performing the March 23, 2021, aortogram. Further, Patient A was not noted to have  
2 wounds or rest pain, indicating the need for an aortogram. Patient A's last recorded ABI from  
3 September 30, 2020, also was noted to be 1.0 bilaterally.

4 20. Patient A later presented to Respondent in June 2021 for a routine follow-up,  
5 where she still had complaints of swelling and discoloration in her feet. Patient A was then  
6 referred to a rheumatologist for evaluation of vasculitis.

7 **COUNT I**

8 **NRS 630.301(4) – Malpractice**

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

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

13 23. NAC 630.040 defines malpractice as “the failure of a physician, in treating a  
14 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar  
15 circumstances.”

16 24. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed  
17 to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when  
18 treating Patient A, by performing lower extremity angiograms on July 17, 2020,  
19 August 18, 2020, and March 23, 2021, without sufficient indication and without first attempting  
20 less invasive treatments and testing.

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

23 **COUNT II**

24 **NRS 630.301(4) – Malpractice**

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

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

1 28. NAC 630.040 defines malpractice as “the failure of a physician, in treating a  
2 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar  
3 circumstances.”

4 29. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed  
5 to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when  
6 treating Patient A, by performing venous stenting procedures on  
7 March 9, 2021, and March 30, 2021, without sufficient indication and without first attempting less  
8 invasive treatments and testing.

9 **COUNT II**

10 **NRS 630.3062(1)(a) – Failure to Maintain Complete Medical Records**

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

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

16 32. Respondent failed to maintain complete medical records relating to the diagnosis,  
17 treatment and care of Patient A, when, among other items, he failed to document in Patient A’s  
18 records the reason an ABI was unable to be obtained on or before June 9, 2020. Respondent  
19 further did not document cyanosis, rubor, wounds, ulcers, edema, decreased pulses, abnormal  
20 doppler signals, or delayed capillary refill on any physical exam prior to proceeding with Patient  
21 A’s angiography on July 17, 2020, and August 18, 2020. Respondent also failed to document  
22 consideration of alternative diagnoses while treating Patient A.

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

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

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

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners  
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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;

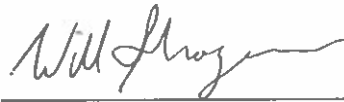
4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

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 27<sup>th</sup> day of June, 2025.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

WILLIAM P. SHOGREN  
Deputy General Counsel  
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Reno, NV 89521  
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*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 27th day of June, 2025.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



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

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8   **Respondent.**

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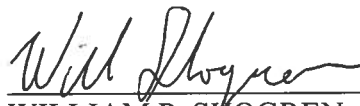
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10                                   **ERRATA TO COMPLAINT**

11                                   The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board),  
12   by and through William P. Shogren, Deputy General Counsel and attorney for the IC hereby submit  
13   this Errata to its Complaint in Case No. 25-12590-1, filed on June 27, 2025, and should be appended  
14   thereto. An inadvertent clerical error was discovered on page 5, line 9, in which the Count should  
15   read as Count III.

16                                   DATED this 8<sup>th</sup> day of August, 2025.

17                                   INVESTIGATIVE COMMITTEE OF THE  
18   NEVADA STATE BOARD OF MEDICAL EXAMINERS

19   By:



20   WILLIAM P. SHOGREN

21   Deputy General Counsel

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26   Attorney for the Investigative Committee

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