

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Case No. 26-45839-1

Against:

FILED

IRWIN OLIVER MAGNO CLAVEL, M.D.,

AUG 28 2026

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: Small

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Irwin Oliver Magno Clavel, 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. 16635). Respondent was originally licensed by the Board on July 28, 2016, and has a listed specialty of internal medicine.

2. Patient A² was a thirty-four (34) year-old female at the time of the events at issue.

3. On June 16, 2022, Patient A underwent elective laparoscopic sleeve gastrectomy (gastric sleeve surgery)³ performed by a general surgeon, due to concerns of weight gain.

4. Patient A had a significant amount of weight loss after the surgery, losing approximately forty-three (43) pounds between June 16, 2022, and August 11, 2022. Patient A also

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 Apeksha Desai, M.D.

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.

³ A gastric sleeve surgery is a permanent weight-loss operation which removes approximately 80% of a patient's stomach.

1 had repeated complaints of persistent nausea, vomiting, and poor oral intake during her post-
2 operative visits with the general surgeon.

3 5. Patients undergoing metabolic and bariatric surgery, such as gastric sleeve surgery,
4 are at a high risk of thiamine deficiency disorder and subsequent Wernicke's encephalopathy.⁴

5 6. Thiamine deficiency disorder may affect the cardiovascular system and the
6 gastrointestinal system resulting in symptoms of nausea, vomiting, abdominal pain, loss of appetite,
7 and lactic acidosis, as well as lethargy or fatigue, and rapid weight loss.

8 7. Between August 11, 2022, and August 13, 2022, Patient A was hospitalized at Saint
9 Mary's Regional Medical Center with complaints of persistent nausea and dry heaving. After
10 imaging findings demonstrated symptomatic gallstones, Patient A underwent a laparoscopic
11 cholecystectomy on August 12, 2022. At time of discharge, Patient A's medication list did not
12 include thiamine supplementation.

13 8. On August 25, 2022, Patient A was admitted to Renown Medical Center with noted
14 confusion, nausea, vomiting, and poor oral intake. On admission, Patient A's family gave medical
15 staff her medical history, as Patient A was unable to provide reliable history.

16 9. Patient A was noted to have poor oral intake for weeks prior to August 25, 2022, and
17 was unable to eat two to three weeks before her laparoscopic cholecystectomy on August 12, 2022.

18 10. Respondent first saw Patient A on August 26, 2022, at Renown Medical Center.
19 Respondent noted that Patient A was confused and ordered her to undergo an interventional
20 radiology (IR) drainage of fluid collection in the gallbladder fossa with a Hepatobiliary
21 Iminodiacetic Acid (HIDA) scan after the IR drainage. The HIDA scan later returned negative.

22 11. Respondent did not critically assess and evaluate Patient A's confusional state
23 beyond an assessment of sepsis and infective encephalopathy (sepsis-associated encephalopathy).
24 Respondent did not consider or evaluate other possible etiologies beyond infection and sepsis.
25 Additionally, Patient A at this time did not display any risk factors for sepsis-associated
26 encephalopathy, such as advanced age, preexisting cognitive impairment, hyponatremia, acute renal
27 failure, or hepatic failure.

28 ⁴ Wernicke's encephalopathy is an acute, life-threatening neurological condition, characterized by confusion, unsteadiness, and abnormal eye movements. If left untreated, it can lead to coma, death, or irreversible memory loss.

12. Additionally, despite Patient A's poor nutrition and recent weight loss, Respondent did not start Patient A on thiamine supplementation.

13. On August 27, 2022, Respondent noted Patient A as confused and assessed acute encephalopathy due to sepsis. On August 28, 2022, Respondent noted that Patient A's confusion was better and her mood improved.

14. On August 29, 2022, Respondent noted that Patient A was confused, had slowness of thoughts, memory loss, was not oriented to place, and that her behavior was odd. Respondent ordered blood tests for thyroid function, which returned with normal results, and ordered a brain MRI.

15. As of August 29, 2022, even though Patient A demonstrated clear signs and symptoms of thiamine deficiency, including chronic nausea, rapid weight loss, and poor oral intake, Respondent did not document consideration of thiamine deficiency and/or Wernicke's encephalopathy and did not order empiric/prophylactic thiamine supplementation.

16. On August 30, 2022, Patient A underwent the brain MRI, which included abnormal signal involving bilateral mammillary bodies concerning for Wernicke's encephalopathy.

17. After the brain MRI results returned, Patient A was ordered thiamine level and IV supplementation was started. Respondent's care of Patient A ended on or about August 30, 2022.

18. On August 30, 2022, another physician made a diagnosis of Wernicke's Encephalopathy due to severe malnutrition, based on Patient A's history, confusional state with memory deficits and confabulations, and MRI findings. Patient A was continued on IV thiamine supplementation and an inpatient consult to Nutrition was placed.

19. Over the course of the remainder of Patient A's hospital stay, Patient A showed slow improvement and required assistance with daily living activities. On September 8, 2022, a psychiatrist evaluated Patient A and diagnosed her with neurocognitive disorder due to Wernicke's and Adjustment disorder.

20. On September 18, 2022, cognitive assessment notes showed severe impairment in memory with resultant deficits in sequencing, orientation, and medication management.

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21. Patient A was then discharged to a skilled nursing facility on or about September 21, 2022.

COUNT I

NRS 630.301(4) - Malpractice

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

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

24. 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.”

25. 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, after Patient A presented to Respondent on August 26, 2022, by failing to evaluate her confusional state beyond the diagnosis of sepsis; failing to consider, evaluate, document, or diagnose thiamine deficiency and Wernicke’s encephalopathy, despite clear presentation of chronic nausea, rapid weight loss, and poor oral intake; and by failing to timely initiate IV thiamine supplementation.

26. 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;

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

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

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

7 DATED this 28th day of August 2026.

8 INVESTIGATIVE COMMITTEE OF THE
9 NEVADA STATE BOARD OF MEDICAL EXAMINERS

10 By:

11 
12 WILLIAM P. SHOGREN
13 Senior Deputy General Counsel
14 9600 Gateway Drive
15 Reno, NV 89521
16 Tel: (775) 688-2559
17 Email: shogrenw@medboard.nv.gov
18 Attorney for the Investigative Committee

VERIFICATION

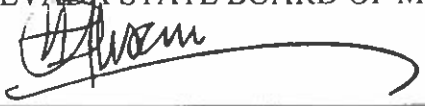
STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

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 28 day of August, 2026.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


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

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CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 1st day of September, 2026, I served a file-stamped copy of the foregoing **COMPLAINT and PATIENT DESIGNATION**, via USPS Certified Mail, postage pre-paid, to the following parties:

Irwin Oliver Magno Clavel, M.D.
6550 Monticello Court
Reno, NV 89510
Tracking No.: 9489 0178 9820 3047 0313 91

With courtesy copy by email and USPS First Class mail to:

Jason S. Barnas, Esq.
POLLARA LAW GROUP
100 Howe Avenue, Suite 165N
Sacramento, CA 95825

DATED this 1st day of September, 2026.



CONNOR WALSH
Legal Assistant
Nevada State Board of Medical Examiners