

**STATE OF MARYLAND
DEPARTMENT OF AGRICULTURE
BEFORE THE STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

IN THE MATTER OF:

SUZANNE ROBBINS, DVM
LICENSE NO. 4502

DOCKET NO. 23-76

CONSENT AGREEMENT AND ORDER

This Consent Agreement and Order ("Consent Agreement"), dated this 18th day of December 2023, is between the State Board of Veterinary Medical Examiners ("SBVME" or "Board") and Suzanne Robbins, DVM ("Dr. Robbins"), License No. 4502. This Consent Agreement resolves a case arising from a complaint filed with the SBVME on February 11, 2023, assigned Docket No. 23-76, alleging violations of the Veterinary Practice Act, Md. Code Ann., Agric. §§ 2-301 – 2-316 and related Code of Maryland Regulations ("COMAR") 15.14.01 – 15.14.17, as set forth herein.

On December 13, 2023, Dr. Robbins, in an email to Board legal counsel, after having been advised in writing regarding her due process rights, agreed to resolve this case under the terms and conditions reflected in this Consent Agreement. By signing this Consent Agreement, Dr. Robbins agrees to waive her right to formal proceedings in this case, including the issuance of charges and a hearing. She further agrees to the terms and conditions of this Consent Agreement.

Under Maryland law, the SBVME is the licensing authority responsible for regulating the practice of veterinary medicine in this State. Its authority includes filing disciplinary actions against veterinarians charged with violating the provisions of the Veterinary Practice Act and related COMAR regulations adopted under this law. As part of its authority, the SBVME "may refuse, suspend, or revoke any application or license, and censure or place on probation any licensee ... if the veterinarian ... [f]ails to comply with Board rules and regulations after receiving a license." Md. Code Ann., Agric. § 2-310(8). The Board may also impose a civil penalty of not more than \$5,000 for a first offense or \$10,000 for a second or subsequent offense, in lieu of or in addition to suspending or revoking

a veterinarian's license, respectively. Agric. § 2-310.1. In setting the amount of a civil penalty, the Board shall consider the severity of the violation, the good faith of the violator, and any history of prior violations, as well as the Board's civil penalty standards. Md. Code Ann., State Gov't. § 10-1001(b); COMAR 15.14.11 (Civil Penalty Standards for Veterinarians).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Suzanne Robbins, DVM, License No. 4502, having had the opportunity to seek the advice of legal counsel, agrees to the provisions of this Consent Agreement, acknowledging that the SBVME has sufficient evidence to find as fact and to conclude as a matter of law that Dr. Robbins did not satisfy COMAR 15.14.01.07 (Professional Judgment and Practice), COMAR 15.14.01.10 (Record Keeping), and COMAR 15.14.01.10-1 (Client Consent for Companion Animals and Hospitalized Animals) as described below:

1. Dr. Robbins is a veterinarian licensed to practice in Maryland since 1995. At the time of the events described herein, Dr. Robbins was the owner and responsible veterinarian at Animal Medical Center of Burtonsville ("AMCB" or "Hospital") (License No. 15-160) located at 15543 Old Columbia Pike, Burtonsville, MD 20866.
2. Dr. Robbins has a history of discipline by the Board, which includes the entry of a Consent Agreement and Order in Docket No. 20-38, finding that Dr. Robbins violated COMAR 15.14.10.07 (Professional Judgement and Practice) by failing to conduct a thorough examination of a patient, failing to assess and discuss bloodwork results with an owner, and making surgical decisions that were inappropriate for a patient with renal disease. In addition, Dr. Robbins was found to have violated COMAR 15.14.01.10A (Record Keeping) by not preparing an anesthesia log for dental surgery. As a result of these violations, Dr. Robbins paid a civil penalty of \$3,400 and completed six hours of continuing education.
3. This case involves care and treatment provided to Bristol, a 7-year-old miniature Poodle owned by Tracey Pritchette ("Ms. Pritchette" or "Owner").
4. On December 5, 2022, Ms. Pritchette took Bristol to AMCB because the dog was bleeding from the mouth. Dr. Robbins was Bristol's treating veterinarian.

5. After an examination, Dr. Robbins found that Bristol had a slab fracture on her upper right 4th premolar. Bristol also had a significant amount of tartar on her teeth. Dr. Robbins recommended dental prophylaxis and extracting the damaged tooth.
6. On December 8, 2022, Ms. Pritchette took Bristol to AMCB for the tooth extraction. Bristol had a complete blood count and chemistry panel performed before surgery. According to Dr. Robbins, Bristol's bloodwork was normal, so she proceeded with the surgery. The medical record reflects that Bristol's surgery went well, and Dr. Robbins extracted the tooth without complications. Dr. Robbins prescribed clindamycin and Rimadyl for Bristol post-operatively.
7. At approximately 4:00 p.m., the day of the surgery, Ms. Pritchette arrived at AMCB to take Bristol home. When she arrived, Ms. Pritchette found Bristol to be worryingly lethargic. When she asked about the dog's condition, a technician told Ms. Pritchette that Bristol's lethargy was normal for a post-operative patient.
8. The following day, on December 9, 2022, Ms. Pritchette observed that Bristol was still lethargic.
9. On Saturday, December 10, 2022, Dr. Robbins called Ms. Pritchette and told her that Bristol's thyroid level was normal. During the conversation, Ms. Pritchette expressed her concerns about Bristol's continuing lethargy. According to Ms. Pritchette, Dr. Robbins told her, "That is to be expected." However, Dr. Robbins recollects that she told Ms. Pritchette that Bristol's malaise could be the lingering effects from the anesthesia subsiding, and if the dog did not improve, she should bring Bristol back the following Monday.
10. On Monday, December 12, 2022, Ms. Pritchette returned to AMCB with Bristol. Dr. Robbins' examination revealed that Bristol was lethargic, and her skin, sclera, and gums were icteric (yellowed). Dr. Robbins performed full bloodwork, which showed that Bristol's total bilirubin was elevated at 15.5, and her ALT was normal.
11. Dr. Robbins recommended hospitalization with intravenous fluids. Dr. Robbins told Ms. Pritchette that AMCB was not a 24-hour facility. However, if Ms. Pritchette opted to hospitalize Bristol at AMCB, Dr. Robbins would check on Bristol periodically throughout the night. (Dr. Robbins lives close to the hospital). Ms. Pritchette approved the treatment plan and left Bristol at AMCB.

12. At 9:00 p.m., Dr. Robbins checked on Bristol and found her stable. Bristol had eaten canned food. Dr. Robbins returned to AMCB at 12:30 a.m. and found Bristol quiet and stable, with normal respiration. Bristol again ate a small amount of food.

13. On the morning of December 13, 2022, both Dr. Robbins and Ms. Pritchette arrived at AMCB at approximately 9:00 a.m. Dr. Robbins took Ms. Pritchette into the treatment area to visit Bristol. Ms. Pritchette observed Bristol lying in the corner of her kennel, shaking and wet. Ms. Pritchette recalls that Bristol appeared to have vomited on herself.

14. However, according to Dr. Robbins, when she observed Bristol, the dog "looked good," and her respirations appeared normal. Dr. Robbins stated that one hour before she arrived at AMCB, a technician had evaluated Bristol and did not have any concerns. Dr. Robbins let Ms. Pritchette spend some time with Bristol and started seeing patients that morning.

15. At 9:30 a.m., Dr. Robbins asked Ms. Pritchette if she wanted to walk Bristol outside, and Ms. Pritchette answered in the affirmative. Dr. Robbins noted that Bristol was ataxic and had urinated dark-colored urine on the floor. When Bristol returned inside, she was more lethargic.

16. Dr. Robbins checked on Bristol at 9:50 a.m. and noticed that the dog's respiration had increased. Dr. Robbins recalls observing Ms. Pritchette holding Bristol upside down with her legs in the air and her head pointing downwards, and Dr. Robbins asked Ms. Pritchette to hold Bristol upright. Dr. Robbins administered buprenorphine, Cerenia, and ampicillin to Bristol and advised a technician to stay with Ms. Pritchette.

17. At 10:30 a.m., a technician alerted Dr. Robbins that Bristol was in respiratory distress. When Dr. Robbins returned to the kennel area, Bristol was agonal breathing. Dr. Robbins administered dopamine and epinephrine to Bristol and started cardiopulmonary resuscitation ("CPR"). However, CPR was unsuccessful, and Bristol died. Dr. Robbins offered to perform a necropsy, to which Ms. Pritchette consented.

18. At 3:00 p.m., Dr. Robbins performed Bristol's necropsy. Dr. Robbins removed approximately 60 milliliters of blood free-floating from Bristol's abdomen. Dr. Robbins found a nodule on Bristol's spleen that appeared to have ruptured, and her gallbladder seemed enlarged. Dr. Robbins submitted Bristol's liver, spleen, and kidney for histopathology.

19. On December 26, 2022, Bristol's histopathology results were finalized. Bristol had hepatic lymphosarcoma/leukemia (low grade) and splenic lymphosarcoma (intermediate to high grade). A copy of Bristol's histopathology report was emailed to Ms. Pritchette on December 27, 2022.

20. On December 31, 2022, Dr. Robbins called Ms. Pritchette to review Bristol's histopathology results but had to leave a voicemail.

21. On February 11, 2023, Ms. Pritchette filed a complaint with the SBVME alleging that Dr. Robbins provided substandard care to Bristol while Bristol was hospitalized at AMCB.

22. The Board opened a case and investigated. The investigation included obtaining and reviewing all medical records and a written statement provided by Dr. Robbins. Dr. Robbins also offered a statement from a staff member at AMCB attesting to Bristol's condition on December 13, 2022.

23. After considering the evidence gathered during the investigation, the Board concluded that Dr. Robbins provided substandard care to Bristol and noted deficiencies in the medical record Dr. Robbins prepared, as well as a lack of other required client documents.

24. COMAR 15.14.01.07A (Professional Judgment and Practice) provides that: "[a] veterinarian, when caring for and treating a patient, shall conform to those minimum standards of care and treatment which are customary among veterinarians in this State." Dr. Robbins failed to use satisfactory professional judgment in her care and treatment of Bristol in several ways.

25. First, Dr. Robbins did not accurately evaluate Bristol's blood work results on two occasions. When Dr. Robbins assessed Bristol's blood work from December 8, 2023, she interpreted it as "normal." However, the results revealed low platelets and high levels of reticulocytes. The high reticulocytes suggest either regenerative anemia or signs of recent bleeding. These results and the bleeding gums suggest more serious underlying disease than a broken tooth, potentially making Bristol a poor candidate for surgery. Dr. Robbins should have considered possible causes for the low platelets and high reticulocytes and discussed them with the client, along with recommendations for additional testing. Diagnostics, such as a blood smear, a CBC sent to an outside laboratory, or imaging, could have offered information about Bristol's condition and whether dental surgery was appropriate. Imaging, such as an abdominal ultrasound, might have allowed Dr. Robbins to identify a bleeding mass earlier and discuss the

seriousness of Bristol's condition with the owner before the dental procedure. Proceeding with dental surgery, given these initial findings, without further evaluation of the causes for the changes in the lab work, posed additional risk to the patient.

26. Bristol's complete blood count from December 12, 2022, showed a markedly low hematocrit and red blood cell count, which indicate severe anemia. The elevated bilirubin on that chemistry, with normal liver values, suggests hemolysis (red blood cell destruction). Bristol also had an elevated white blood cell count (inflammation) and a markedly decreased platelet count (due to consumption of platelets to try to control bleeding vs. a primary lack of platelets preventing effective blood clot formation).

27. Dr. Robbins failed to assess this bloodwork and list possible causes of the abnormal values. She did not recognize that Bristol likely had severe anemia and did not treat her appropriately. The white blood cell count was elevated and had a neutrophilia with a left shift, indicating significant inflammation or infection. Given the levels reflected in the results, Dr. Robbins should have recommended that Bristol be taken immediately to an emergency hospital for a transfusion, additional diagnostics, and supportive care. Instead, Dr. Robbins offered to provide occasional assessments of Bristol during the overnight hours, which was insufficient for an animal so seriously ill.

28. A third issue with Dr. Robbins' care involved failing to perform or recommend dental X-rays before or after Bristol's dental procedure. Dental x-rays are essential for evaluating dental disease below the gum line and confirming fractured or abscessed teeth in the mouth. X-rays can also document the proper and complete extraction of diseased teeth following removal.

29. Additional issues with Dr. Robbins' care involve her failure to perform or recommend chest/abdominal X-rays or other tests to assess Bristol's abnormal respiration on December 12 to 13, 2022. These tests may have revealed the masses noted in the abdomen or the presence of metastatic disease.

30. Dr. Robbins's record-keeping was also deficient. COMAR 15.14.01.10A (Record Keeping) requires, for a companion animal, that a veterinarian prepare a legibly written record that accurately and thoroughly reflects the treatment provided, including the progress and disposition of the case. COMAR 15.14.01.10A(6) requires a veterinarian to document an animal's condition, as evidenced through a physical examination, not more than twelve hours before anesthesia or injectable sedative administration. COMAR 15.14.01.10A(8) requires that if medication

is given, the amount in milligrams or the volume and concentration of substance used must be documented, along with the frequency and route of administration.

31. The medical record prepared by Dr. Robbins for Bristol's care did not document a complete physical examination before she performed the dental surgery. In both the handwritten and transcribed records provided to the Board, there is no documentation of a physical examination or physical examination findings, including recording the temperature, pulse, respiration, or other findings before the surgery. Certain information, such as the patient's weight, is included in the record, but additional important information reflecting a complete physical examination is missing.

32. In addition, Dr. Robbins did not document information reflecting her client communications, including any recommendations or referrals for emergency care or dental specialty care, where dental x-rays could have been performed.

33. Finally, the record does not reflect the volume and concentration of medications administered during Bristol's surgery.

34. Dr. Robbins also did not provide her client with a written treatment plan and estimate of charges or obtain written consent for the dental surgery. COMAR 15.14.01.10-1 (Client Consent for Companion Animals and Hospitalized Animals) requires, for a non-emergency presentation, that a veterinarian inform the client in a manner that is understandable by a reasonable person of the diagnostic and treatment plan . . ." In addition, the regulation states that the veterinarian shall ". . . **provide a written estimate of the charges for veterinary services, and obtain the client's signature indicating acknowledgment and approval . . .**" before a veterinarian performs surgery or hospitalizes a companion animal. (emphasis added).

35. In this case, Dr. Robbins did not provide a written estimate of charges for Bristol's surgery or obtain the client's written consent before hospitalization or surgery.

Taking the facts and circumstances into consideration, including the nature of the violation(s), the veterinarian's disciplinary history for similar violations, her acceptance of responsibility, and her good faith cooperation in resolving this matter, the Board concluded that the most reasonable and appropriate resolution includes the sanctions set forth below.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is ORDERED by the State Board of Veterinary Medical Examiners, that:

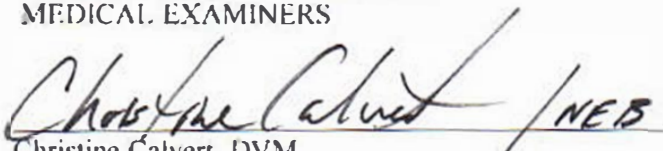
- (a) For violating COMAR 15.14.01.07A (Professional Judgment and Practice) in her care and treatment of Bristol, a 7-year-old female miniature Poodle owned by Tracey Pritchette, by failing to assess bloodwork properly, recommend emergency care, and offer or discuss additional diagnostics, Dr. Robbins is assessed a civil penalty of \$6000, with \$1000 of that amount stayed as provided herein. This amount reflects that the violations found are similar to the findings in a prior disciplinary action;
- (b) For violating COMAR 15.14.01.10A (Record Keeping) by not recording an examination before anesthesia, documenting medication dosages, documenting any referrals, or documenting client communications, Dr. Robbins is assessed a civil penalty of \$1000;
- (c) For violating COMAR 15.14.01.10-1 (Client Consent for Companion Animals and Hospitalized Animals) by not providing the client with a written treatment plan, an estimate of charges, or obtaining written consent for the dental surgery, Dr. Robbins is assessed a civil penalty of \$300;
- (d) Dr. Robbins shall pay the non-stayed portion of the civil penalty (\$6,300) in two equal installments of \$3150, with the first payment due no later than February 1, 2024, and the second payment due no later than March 15, 2024;
- (e) The payments shall be made by check payable to the Maryland Department of Agriculture ("MDA") with the notation "SBVME – 23-76" sent to the MDA at 50 Harry S. Truman Parkway, Room 102, Annapolis, MD 21401 to the attention of Nathaniel Boan;
- (f) As an additional requirement of this Consent Agreement, Dr. Robbins shall complete twelve (12) hours of continuing education ("CE") pre-approved by the Board. Six CE hours shall cover lab work interpretation, hematology, or a related topic. The remaining six hours shall consist

of the Legal Requirements of Medical Record Keeping module found at drip.vet or a satisfactory equivalent pre-approved by the Board. To obtain Board approval, the veterinarian shall send information about each course proposed to be taken along with attachments or links to course descriptions and syllabi by email to the Board's Executive Director, Nathaniel Boan ("Mr. Boan"), at Nathaniel.boan@maryland.gov:

- (g) The Board acknowledges that prior to entering into this agreement, Dr. Robbins provided documentation evidencing completion of the record keeping CE;
- (h) The remaining six hours of CE shall be completed, and verification of completion provided to the Board by **March 15, 2024**. Verification should be sent by email to Mr. Boan. Proof from the CE provider shall include the veterinarian's name, the number of hours of CE completed, the topics covered, and the date(s) the CE was given. This CE will not count towards the 18 credit hours required annually for re-registration of the veterinary license. To verify completion of the annual CE requirements and the CE required by this Consent Agreement, the Board may audit CE records for relevant years;
- (i) If Dr. Robbins fails to make timely payments of the civil penalty or complete the required CE in accordance with this agreement, the stayed portion of the civil penalty (\$1000), shall become immediately due and payable, and
- (j) This Consent Agreement is a public order.

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this 18th day of December 2023.

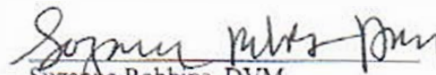
STATE BOARD OF VETERINARY
MEDICAL EXAMINERS


Christine Calvert, DVM
Vice-President
State Board of Veterinary Medical Examiners
Maryland Department of Agriculture

CONSENT

I, Suzanne Robbins, DVM, acknowledge that I have had an opportunity to consult with counsel before entering into this Consent Agreement. By this Consent, I hereby acknowledge the legal authority and jurisdiction of the Board over this matter to issue and enforce this Consent Agreement. To resolve this matter, I agree to accept and submit to the foregoing Consent Agreement, consisting of 10 pages. I sign this Consent Agreement without reservation as my voluntary act and deed after having had an opportunity to consult with counsel. I acknowledge that I fully understand and comprehend this Consent Agreement's language, meaning, and terms.

Date: Dec 18 2023


Suzanne Robbins, DVM