

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

IN THE MATTER OF:

SUSAN MENDE, DVM
LICENSE NO. 4449

DOCKET NO. 23-113

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CONSENT AGREEMENT AND ORDER

This Consent Agreement and Order (“Consent Agreement”), dated this 24th day of October 2025, is between the State Board of Veterinary Medical Examiners (“SBVME” or “Board”) and Susan Mende, DVM (“Dr. Mende”), License No. 4449. This Consent Agreement resolves a case arising from a complaint filed with the SBVME on May 11, 2023 (assigned Docket No. 23-113) alleging that Dr. Mende did not satisfy 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 October 16, 2025, Dr. Mende, having been advised in writing regarding her due process rights, and while represented by legal counsel, agreed to resolve this case under the terms and conditions reflected in this Consent Agreement. By signing this Consent Agreement, Dr. Mende 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, which includes filing disciplinary actions against veterinarians charged with not satisfying 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 addition to or instead of suspending or revoking a veterinarian's license. Agric. § 2-310.1. When setting the amount of a civil penalty, the Board shall consider the severity of the violation, the violator's good faith, any history of prior violations, and the Board's established 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

By entering and signing this Consent Agreement after having had the opportunity to seek the advice of legal counsel, Susan Mende, DVM, License Number 4449, agrees to the provisions of this Consent Agreement, acknowledging that the SBVME has concluded that Dr. Mende did not satisfy COMAR 15.14.01.07A (Professional Judgment and Practice) as described below:

1. Dr. Mende is a veterinarian licensed to practice in Maryland, where she has been licensed since 1995.
2. At the time of the events described herein, Dr. Mende was the owner and responsible veterinarian at Wolf Creek Equine ("WCE") (Mobile Unit 02-065).
3. This case involves care provided to Chancellor (aka Chance/Camp David)(hereinafter referred to as "Chance"), a 15-year-old Oldenburg gelding owned by Juliet Sosebee ("Ms. Sosebee") and her daughter. At the time of the events giving rise to this case, Chance was boarded at Summerfield Farm ("SF").
4. On Wednesday, May 3, 2023, Delaney Hartson, DVM ("Dr. Hartson") (License No. V-08631), an associate veterinarian at WCE, saw Chance at SF for hyporexia (decreased appetite) and discomfort. Dr. Hartson was told that Chance was "camped out" in the field and unwilling to walk inside the barn, which can be a sign of several health conditions, including lameness, injury, or colic. Dr. Hartson performed a physical examination and a rectal exam and noted that Chance had a large amount of fibrous and dry manure in his rectum, which she removed. Dr. Hartson's records reflect that she did not palpate any further impactions, displacements, or gas at that time. Chance was passing manure and eating hay. He was bright, alert, and responsive with a temperature of 99.3 degrees.
5. The medical records reflect that, based on Chance's examination, Ms. Sosebee declined lab work and oral hydration via a nasogastric tube. Nasogastric intubation may be used by a veterinarian to identify

if there are abnormal contents in the horse's stomach and to administer fluids directly into the stomach. It is the second most used test to help diagnose horses with colic (rectal examination being the most common). Dr. Hartson instructed Ms. Sosebee to feed Chance hydrated meals, monitor him closely, and contact WCE if Chance did not show improvement.

6. Chance continued to show signs of discomfort overnight. Therefore, Ms. Sosebee requested another farm call the morning of Thursday, May 4, 2023. Dr. Mende, accompanied by her veterinary assistant, Nicholas Hubley ("Mr. Hubley"), saw Chance at SF that day.

7. According to Dr. Mende and Mr. Hubley, Chance appeared to be standing normally in his stall when they arrived at the farm. Although Ms. Sosebee told Dr. Mende that Chance had been reluctant to move, according to Dr. Mende, Dr. Mende and Mr. Hubley, the horse moved around the stall and walked out of the stall with a normal gait.

8. Dr. Mende examined Chance. According to her records, Chance had ample bowel sounds in all regions, his feet were cool, and he had a fever of 102 degrees. Dr. Mende drew Chance's blood and performed a chemistry and complete blood count.

9. Dr. Mende determined that because Chance was passing manure and Dr. Hartson had performed a rectal examination the day before, a rectal exam was not indicated at that time. Dr. Mende believed that Chance's onset of fever was the most significant change from the previous day, which made her suspect that Chance had an infection.

10. Dr. Mende contends she discussed with Ms. Sosebee possible causes of Chance's fever, including Potomac Horse fever ("PHF"), Ehrlichiosis, Anaplasmosis, or equine coronavirus. She and Ms. Sosebee discussed performing tests for causes of fever in a horse, including a PCR test for PHF. According to Dr. Mende, because it was Thursday, to obtain results from a PCR test for PHF by Saturday, a sample needed to be submitted that day. Dr. Mende contends that she recommended a PCR test, but Ms. Sosebee declined. Ms. Sosebee disputes this and alleges she was led to believe that Chance was being tested for PHF.

11. Dr. Mende recommended beginning treatment for PHF based on Chance's clinical presentation without additional test results, and Ms. Sosebee consented to starting antibiotics. Notably, Dr. Mende's

discussions with Ms. Sosebee, including those addressing Dr. Mende's differential diagnoses, diagnostic recommendations, and Ms. Sosebee's decisions to accept or decline these recommendations, are documented in the medical record. In addition, Dr. Mende did not re-offer or discuss the possible benefits of nasogastric intubation.

12. Before leaving the farm that day, Dr. Mende administered intravenous ("IV") oxytetracycline and flunixin meglumine. Dr. Mende did not leave a prescription for Chance because she wanted to review the blood work results before prescribing a longer-term medication. Dr. Mende instructed Ms. Sosebee to encourage Chance to eat.

13. Chance's blood work was returned the next day, Friday, May 5, 2023. It revealed that he was leukopenic (low white blood cells) and that hydration was adequate. Dr. Mende opined that Chance's leukopenia and monocytosis supported her tentative diagnosis of PHF.

14. Dr. Mende called Ms. Sosebee to discuss Chance's lab results, which Dr. Mende indicated were suggestive of PHF. She prescribed doxycycline for Chance, and Ms. Sosebee picked it up from WCE that day.

15. Additional facts related to this call and subsequent communications between Dr. Mende and Ms. Sosebee are disputed. Ms. Sosebee came away from the discussion believing Chance had been tested for PHF and that the test results confirmed that diagnosis. According to Ms. Sosebee, she asked Dr. Mende during this conversation whether Chance should be hospitalized, and Dr. Mende told her that hospitalization was not necessary. Dr. Mende does not recall discussing hospitalization with Ms. Sosebee during this call.

16. According to Dr. Mende, she asked how Chance was feeling during this call, and Ms. Sosebee replied, "Really good." Based on Ms. Sosebee's reply, Dr. Mende believed they were on the right course of treatment. As was the case with the previous day's in-person discussions, Dr. Mende's telephone discussion with Ms. Sosebee was not documented in the medical record.

17. Dr. Mende did not hear from Ms. Sosebee again until the next day, Saturday, May 6, 2023, at 11:54 a.m., when Ms. Sosebee texted, "Can Chance have a little alfalfa? He's dropped so much weight. Or is that

not a good idea?" Dr. Mende responded, "That's fine." Dr. Mende did not ask any further follow-up questions.

18. Twelve hours later, at 11:06 p.m., Ms. Sosebee texted, "Can Chance have more Banamine now? He's pawing." Dr. Mende responded, "Yes. He must have a tummy ache. Any loose stool?" Ms. Sosebee responded, "not loose." Dr. Mende then authorized Ms. Sosebee to administer Banamine, a non-steroidal anti-inflammatory drug for horses, after taking Chance's temperature. According to Dr. Mende, because Ms. Sosebee was expressly asking her permission to give Banamine, she assumed that Ms. Sosebee had not administered any other doses of Banamine. Dr. Mende did not document any facts related to Banamine administration, including the dose she authorized, in the medical records.

19. The next day, Sunday, May 7, 2023, Ms. Sosebee and Dr. Mende exchanged multiple text messages.

20. At 11:01 a.m., Ms. Sosebee texted Dr. Mende: "Good morning. Update.. last night...no fever, heart rate normal. Slight warmth at coronet band perhaps slight pulse. Iced feed [sic] [feet]. Will do again today. Also magic cushion and more bedding. Is there anything else we can do?"

21. At 11:02 a.m., Dr. Mende replied: "Colicky today? Gums pink and moist? Stool still normal?" Ms. Sosebee replied at 11:05 a.m.: "Not colicky. Occasionally weird stance again. Very interested in food". At 11:06 a.m., Ms. Sosebee texted: "Gums good. Stool slightest bit dry but mostly normal." At 5:19 pm., Ms. Sosebee texted: "Hi. Pawing. Acting like he could Pee. Appetite is good." Dr. Mende responded at 5:23 p.m., "Ok."

22. At 5:23 p.m., Ms. Sosebee texted Dr. Mende, "Do you think I should give the Banamine again or wait until bedtime? Do you think he should come to the clinic to be managed?" Dr. Mende answered at 5:41 p.m., "The thing we would add at the clinic is ice[.] The stance I believe is hind feet soreness[.] are they also cool? When was last banamine?" Ms. Sosebee told her that Banamine was last administered around noon. Dr. Mende recommended waiting until bedtime to administer more medication. She also asked Ms. Sosebee about Chance's hydration, food intake, and whether he was pawing or in distress. Ms. Sosebee reported that Chance showed definite signs of discomfort when the Banamine wore off. She noted

that some of the behavior could be attributed to frustration. Ms. Sosebee further reported that Chance continued to eat wet food and was “drinking a decent amount.”

23. Dr. Mende authorized Ms. Sosebee to administer more Banamine and suggested a visit to the farm the next day. Ms. Sosebee agreed. Dr. Mende did not offer to come to the farm that day to perform additional testing, including hoof testing to determine whether her suspicion that Chance’s stance was related to hind feet soreness, as opposed to other causes.

24. On Monday, May 8, 2023, at 10:32 a.m., Ms. Sosebee texted Dr. Mende at, that “Raul (staff member) just told me no poop overnight.” Dr. Mende arrived at the farm shortly thereafter. According to Dr. Mende, she observed a chart reflecting Chance’s status which indicated that Chance had been eating and drinking throughout the weekend, had been passing manure, and did not have an elevated temperature. The chart documented the administration of antibiotics daily, but Dr. Mende contends that Banamine administration was not tracked. Dr. Mende did not perform a rectal examination that morning.

25. Ms. Sosebee alleges that she asked Dr. Mende if Chance should be transported to a hospital. Dr. Mende texted former WCE veterinarian and head surgeon Christopher Caniglia, DVM (“Dr. Caniglia”) (License No. 7436, DVM) that morning to ask if he had the ability to hospitalize Chance. He responded that he could take the horse. According to Dr. Mende, she shared this message with Ms. Sosebee and left it to her to decide whether to transport Chance to WCE that day or continue to monitor him. She did not recommend that Chance be transported to WCE immediately, even though she was aware that Chance had no manure output overnight.

26. At 5:18 p.m. that day, Chance was observed to be in significant pain and discomfort. Ms. Sosebee contacted the surgeon at WCE and transported Chance to WCE’s hospital. Upon arrival at the hospital, Dr. Caniglia performed a physical examination, an abdominal ultrasound that did not visualize the impaction, and blood work. Using rectal palpation, Dr. Caniglia identified an impaction. Peritonitis was found with analysis of fluid from an abdominocentesis.

27. Dr. Mende was not involved with Chance's care after Chance was admitted to WCE on May 8, 2023. Her role is in field services, and she does not usually work at WCE's hospital, except for reproductive services.

28. Dr. Caniglia performed an abdominal exploratory surgery that evening. Dr. Caniglia's findings included a large colon impaction, a severe large colon rupture with immature adhesion, and septic peritonitis. During the surgery, Ms. Sosebee was given choices of medical management of peritonitis and impaction within a friable colon or euthanasia.

29. Dr. Caniglia informed Ms. Sosebee that Chance had a guarded prognosis and discussed risks and further treatment options, including medical management. He told her that Chance "[c]ould be recovered from general anesthesia and medical management could be attempted with the knowledge that there would be a possibility of further compromise and rupture while the impaction was medically managed, the adhesion could be manually broken down to exteriorize the colon with risk of severe rupture within the abdomen, or the owner could consider humane euthanasia."

30. Ms. Sosebee elected to recover Chance from general anesthesia and attempt medical management. Chance was extubated at 10:50 p.m. and stood at 11:23 p.m., after five attempts.

31. Chance was hospitalized at WCE from May 8, 2023, through May 15, 2023. While Chance initially showed signs of improvement post-surgery, his condition later worsened. On May 15, 2023, Ms. Sosebee opted for a second exploratory surgery.

32. Chance was given a grim prognosis during his second exploratory surgery. Per the surgery report, the diagnoses were large colon volvulus, large colon rupture with immature adhesion, and septic peritonitis. Ultimately, Ms. Sosebee opted to euthanize Chance.

33. On Thursday, May 11, 2023, Ms. Sosebee filed a complaint with the SBVME alleging that Dr. Mende provided substandard care in her treatment of Chance by misdiagnosing him with PHF, failing to properly treat Chance's intestinal blockage, failing to recognize the severity of his condition, and not recommending hospitalization and more aggressive treatment sooner. Ms. Sosebee alleges that Dr. Mende's recommendation to continue to feed Chance made his impaction worse.

34. The Board opened a case and conducted an investigation. Dr. Mende provided written responses through her legal counsel as part of the investigation, in which she defended her care of Chance and her diagnosis of an infection, possibly PHF, which she believes was reasonable based upon the information provided to her by Ms. Sosebee.

35. Knowing the ultimate outcome, Dr. Mende acknowledges that upon further review of the medical record and the text messages she exchanged with Ms. Sosebee, Ms. Sosebee was likely describing a condition other than PHF in her texts. In real-time, Dr. Mende believed Ms. Sosebee's texts indicated that Chance was passing manure and was not acting colicky, leading her to believe that Ms. Sosebee was describing a horse with an infection and possible PHF laminitis.

36. Following its review of the case, the Board found that Dr. Mende did not exercise appropriate professional judgment in her treatment of Chance.

37. 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."

38. Dr. Mende did not satisfy the standards expected of a veterinarian in this State. First, Dr. Mende did not perform a rectal examination during her farm visit on May 4, 2023. Dr. Hartson, the WCE veterinarian who treated Chance the day before, performed a rectal exam and removed a large amount of fibrous and dry manure. Dr. Hartson's exam was conducted after Chance had already been exhibiting lethargy and discomfort for a day or more. Given the complaints of decreased appetite and discomfort, reluctance to move, and the presence of fibrous and dry manure, colic was a possible diagnosis. The standard of care required a rectal examination on May 4, 2023, when Dr. Mende first visited the farm.

39. The records do not provide evidence that Dr. Mende offered or performed other measures that could have informed her diagnosis and treatment decisions on May 4, 2023, other than offering tests to determine what infection Chance might have. While Dr. Hartson offered nasogastric hydration and bloodwork to Ms. Sosebee on May 3, 2023, which were declined by Ms. Sosebee, given Chance's continued discomfort, Dr.

Mende should have discussed the potential benefits of passing a nasogastric tube or performing additional tests, including ultrasound, with Ms. Sosebee during her visit to SF on May 4, 2023.

40. Even if Dr. Mende did not offer or recommend this testing during her May 4, 2023, visit to the farm, as Chance continued to exhibit discomfort in subsequent days, these options should have been offered and discussed with Ms. Sosebee. A complete blood count (“CBC”) and a chemistry panel (“CHEM”) during the early stages of PHF will typically show neutropenia, lymphopenia, and thrombocytopenia, or may show a normal hemogram. A repeat CBC/CHEM could have been completed within a few days of onset, which would characteristically show a marked leukocytosis with PHF.

41. Dr. Mende also should have performed a rectal examination when she visited the farm for the second time, on May 8, 2023, when Dr. Mende was aware that Chance had not been passing manure. Had Dr. Mende performed a rectal examination at this time, she likely would have identified the impaction, as Dr. Caniglia did later that day.

42. Chance also might have benefited from hoof testing during the weekend to evaluate laminitis. Horses with laminitis may have warm limbs with bounding digital pulses. Laminitis is often present in PHF cases, so confirming or ruling out laminitis might have informed Dr. Mende’s preliminary diagnosis of PHF. Dr. Mende evaluated Chance’s legs during her initial visit to the farm on May 4, 2023, and found that they were cool. However, during the weekend, Dr. Mende attributed Chance’s stance and discomfort to possible PHF laminitis without performing a physical examination or further testing.

43. Dr. Mende authorized Ms. Sosebee to administer Banamine, a nonsteroidal anti-inflammatory drug, to manage Chance’s pain. This potentially masked pain and allowed Chance to continue to eat despite an impaction. While Dr. Mende alleges that she was not aware how much Banamine was being given, Dr. Mende was aware that Chance was receiving this medication throughout the weekend.

44. Dr. Mende also should not have encouraged feeding a patient exhibiting symptoms that could indicate colic. Generally, veterinarians recommend that a horse with Chance’s symptoms refrain from eating.

45. During the weekend of May 5th through 7th, 2023, Dr. Mende did not abandon her theory that Chance had an infection, even though the horse continued to exhibit discomfort. Dr. Mende contents that the blood work results were supportive of her tentative diagnosis of PHF, as was the presence of a fever recorded on May 4th, 2023. PHF cannot be definitively diagnosed (or ruled out) without a laboratory evaluation, which was not done. Absent a definitive diagnosis via laboratory testing and given that Chance's presenting symptoms had potential causes other than PHF, Dr. Mende should have considered other diagnoses, including colic. By the night of May 6, 2023, Dr. Mende was aware that Chance had abdominal discomfort. As each day passed, the need for a complete physical examination, a rectal exam, and further diagnostics increased. Dr. Mende claims to have relied on Ms. Sosebee's statement that Chance was not acting colicky; however, a reasonable veterinarian would not base diagnosis and treatment decisions solely on the client's text message description of a patient's symptoms or presentation without at least recommending a farm visit for an in-person examination or additional testing. Chance's symptoms, including pawing and stretching out as if to urinate, were all potential signs of colic.

46. In her statement to the SBVME, Dr. Mende emphasized that she responded to Ms. Sosebee's weekend text messages even though she was not officially on call during that time. Regardless of her on-call status, Dr. Mende was responsible for Chase's care while she continued to provide advice and treatment recommendations. If Dr. Mende could not give Chance's case her full attention or was not available to conduct a full physical examination, a rectal examination, or additional diagnostics at the farm herself, she should have recommended that responsibility for Chance's care be transferred to another veterinarian or suggested hospitalization for monitoring and further tests.

47. Moreover, a veterinarian who communicates with clients via text messages is not relieved of responsibility for obtaining sufficient information to inform diagnosis and treatment decisions. To be sure, text messages are fast and convenient. Still, characteristics of text communications, such as lack of formality, brevity, use of abbreviations, and inability to ascertain tone, do not excuse a veterinarian from eliciting a full and accurate picture of a patient's condition. Additional communication, through text

messages, phone calls, or in-person visits and examination, is often required to ensure the veterinarian has a full understanding of the patient's condition.

Considering the facts and circumstances, including the nature of the violation, the veterinarian's lack of relevant disciplinary history, and her acceptance of responsibility and 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 not satisfying COMAR 15.14.01.07A (Professional Judgment and Practice) in connection with the care provided to Chance, by not performing a rectal examination on May 4, 2023, and May 8, 2023, not recommending or discussing the benefits of additional diagnostics to assess or rule out colic from May 4, 2023, through May 8, 2023, not pursuing diagnoses other than Potomac Horse Fever during the weekend of May 5-7, 2023, when Chance's condition was not improving, Dr. Mende is assessed a civil penalty of \$600;
- (b) Dr. Mende shall pay the civil penalty within sixty (60) days from the date of this Consent Agreement by check payable to the Maryland Department of Agriculture ("MDA") with the notation "SBVME – 23-113" sent to the MDA at 50 Harry S. Truman Parkway, Room 102, Annapolis, MD 21401 – Attn: Nathaniel Boan; and
- (c) This Consent Agreement is a public document.

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this
24th day of October 2025.

STATE BOARD OF VETERINARY
MEDICAL EXAMINERS

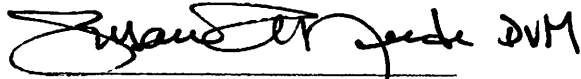
A handwritten signature in black ink, appearing to read 'P. Crankshaw-Quimby', written over a horizontal line.

Patricia Crankshaw-Quimby, CAWA
Vice-President
State Board of Veterinary Medical Examiners
Maryland Department of Agriculture

CONSENT

I, Susan Mende, 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 to issue and enforce this Consent Agreement. To resolve this matter, I agree to accept and submit to the foregoing Consent Agreement, consisting of thirteen (13) pages, including this Consent. I sign this Consent Agreement without reservation, as my voluntary act and deed, after having had the opportunity to consult with counsel. I fully understand the language, meaning, and terms of this Consent Agreement.

Date: 10/22/2025


Susan Mende, DVM