

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

IN THE MATTER OF:

\*

KIMBERLY GOSTYLA, DVM  
LICENSE NO. 5886

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DOCKET NO. 25-018C

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**CONSENT AGREEMENT AND ORDER**

This Consent Agreement and Order (“Consent Agreement”), dated this 23rd day of January 2026, is between the State Board of Veterinary Medical Examiners (“SBVME” or “Board”) and Kimberly Gostyla, DVM (“Dr. Gostyla”), License No. 5886. This Consent Agreement resolves a case arising from a complaint filed with the SBVME on August 23, 2024 (assigned Docket No. 25-018C) alleging that Dr. Gostyla 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 January 19, 2026, Dr. Gostyla, 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. Gostyla 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, Kimberly Gostyla, DVM, License Number 5886, agrees to the provisions of this Consent Agreement, acknowledging that the SBVME has concluded that Dr. Gostyla did not satisfy COMAR 15.14.01.07A (Professional Judgment and Practice) as described below:

1. Dr. Gostyla is a veterinarian licensed to practice in Maryland, where she has been licensed since 2005.
2. This case involves care provided to Colt, a 17-month-old male Australian Cattle Dog owned by Jacqueline Rutherford ("Ms. Rutherford" or "the owner"), at VetEvolve MD, LLC/DBA Emergency Animal Hospital ("EAH" or "Hospital") (License No. 13-00649). At the time of the events giving rise to this matter, Dr. Gostyla worked as a veterinarian at EAH.
3. On August 8, 2024, Ms. Rutherford took Colt to VCA Calvert Veterinary Center ("CVC") (License No. 02-00265) for a wellness exam. Colt was examined by Meghan Kapilevich, VMD ("Dr. Kapilevich") (License No. V-08469). Colt was noted to be bright, alert, and responsive, with normal exam findings. Dr. Kapilevich administered Lyme and influenza vaccines.
4. On August 9, 2024, Colt became ill. He refused food and drink and began vomiting. On August 10, 2024, Ms. Rutherford called CVC, described Colt's symptoms to the receptionist, and noted that Colt had been known to chew on and eat rats. CVC referred Colt to an emergency hospital.
5. Ms. Rutherford took Colt to EAH for emergency care. Jocelyn Spiga, DVM ("Dr. Spiga") (License No. 7243) performed a physical exam on Colt. Colt was noted to be 5-7% dehydrated and tender upon abdominal palpation. Radiographs and bloodwork were performed. Dr. Spiga recommended hospitalizing Colt for treatment of a possible foreign body and repeating radiographs in 6-8 hours.

6. Colt's overnight care was transferred to Lisa McKnight, DVM ("Dr. McKnight") (License No. V-08101). Abdominal radiographs were repeated. They showed a gas and fluid-filled gastrointestinal tract without evidence of obstruction. Colt's most likely diagnosis was gastroenteritis. He still had no interest in eating.

7. On August 11, 2024, Colt's care was transferred to Dr. Gostyla. She noted that Colt had developed hemorrhagic diarrhea and was still not eating. Bloodwork showed hypoproteinemia with significant hypoalbuminemia. Dr. Gostyla spoke with Ms. Rutherford over the phone and told her that she was concerned about the progression of Colt's GI issues with significant hypoproteinemia. Ms. Rutherford consented to additional diagnostics.

8. To allow for easier blood sampling, Dr. Gostyla placed a central line in Colt using propofol for sedation. Immediately after the propofol was administered, Colt jumped up and ran into another room. He was given additional propofol for adequate sedation. After the central line placement and while Colt was recovering, Colt's gums turned cyanotic, and his SPO2 was 60%. An endotracheal tube was placed, and oxygen was administered for less than an hour. The staff was unable to obtain Colt's blood pressure, and he went into cardiac arrest. Cardiopulmonary resuscitation ("CPR") was initiated. Dr. Gostyla was able to obtain a heartbeat, but Colt still had respiratory depression with weak blood pressure.

9. Dr. Gostyla performed a FAST scan and observed a possible "halo" effect around the gallbladder, suggesting a possible anaphylaxis reaction. Dr. Gostyla administered Dexamethasone SP at a dose of 2.4mg/kg. Colt's blood pressure remained unreadable, and he was started on colloids. Colt remained sedate and dysphoric. Bloodwork was rechecked, revealing a decrease in Colt's protein level and elevated ALT. Dr. Gostyla told Ms. Rutherford that Colt was declining and recommended transferring him to another facility for an abdominal ultrasound and internal medicine consultation.

10. Because of Colt's ongoing dysphoria, he was started on a midazolam and propofol CRI. Colt was also given a plasma transfusion for his hypoproteinemia. Colt continued to have labored breathing, and an endotracheal tube was placed. Chest radiographs showed no significant findings. Dr. Gostyla suspected that Colt had a vaccine reaction and secondary neurologic abnormalities.

11. Around 8:00 p.m., Colt's care was transferred to Amanda Jones, DVM ("Dr. Jones") (License No. V-08199). Dr. Jones spoke over the phone with Ms. Rutherford at 1:00 a.m., informing her that although Colt's respiratory effort had improved, the rate was still elevated. Dr. Jones was concerned about possible aspiration pneumonia because fluid had been noted in the ET tube. Colt finished his plasma transfusion during the night. At 3:00 a.m., recheck bloodwork showed a decrease in white blood cells from 17,000/uL to 3,600/uL, signifying a potential overwhelming infection or inflammation. Colt's protein levels improved, and his potassium levels normalized. Dr. Jones noted that Colt's respiratory rate and effort improved after placement of a urinary catheter to relieve discomfort associated with a full urinary bladder. Colt was weaned from his midazolam/propofol CRI in preparation for transfer to another facility.

12. On August 12, 2024, Colt's care was transferred to Taylor Frey, DVM ("Dr. Frey") (License No. V-08377), the responsible veterinarian at EAH. Dr. Frey observed that Colt was laterally recumbent and minimally responsive. Colt had no response to deep pain stimulus in all four limbs. Dr. Frey spoke to Ms. Rutherford, informing her that Colt was off his midazolam and propofol CRI, but remained sedated and unresponsive. Colt's vitals were stable, and he was breathing on his own. Dr. Frey discussed transferring Colt to a hospital with a neurologist.

13. Ms. Rutherford elected to take Colt to Anne Arundel Veterinary Emergency Center ("AAVEC") (License No. 02-00248). Catherine Wood, DVM ("Dr. Wood") (License No. 6315) evaluated Colt. His mentation was obtunded with periodic full-body twitching. Colt had bilateral absent menace with a dazzle present in both eyes. Positive withdrawals were appreciated, along with deep pain on all 4 limbs, but no voluntary motor.

14. Dr. Wood diagnosed Colt with post-arrest global hypoxia. Colt's treatment plan consisted of placing a nasogastric ("NG") tube and a nasal cannula. Dr. Wood recommended an MRI if there was no improvement within the next 24 hours. Colt's blood pressure dropped, and a dopamine CRI was started.

15. At approximately 7:00 p.m., Dr. Wood spoke with Ms. Rutherford about the possible diagnosis of a thromboembolic event secondary to low albumin and systemic inflammation. She recommended an MRI. Dr. Wood told Ms. Rutherford that she could not rule out anaphylaxis, though Colt's symptoms were "not

really following the rules for it.” Colt’s prognosis was extremely guarded. Dr. Wood told Ms. Rutherford that Colt’s recovery may take weeks to months, or he could suddenly die. Ms. Rutherford elected to continue with the treatment plan for another 24-48 hours.

16. On August 13, 2024, Caroline Solomon, VMD (“Dr. Solomon”) (License No. V-08398) evaluated Colt. He was semi-comatose and minimally responsive to stimuli. His blood pressure remained stable on dopamine CRI. Again, Dr. Solomon suspected that Colt’s symptoms were from global ischemia to the brain from prolonged arrest. She told Ms. Rutherford there was a chance brain function could return, but it was hard to determine how long that would take. Ms. Rutherford elected to give Colt more time. Dr. Kapilevich from VCA CVC called AAVEC for an update on Colt’s case. She informed AAVEC that VCA CVC reported Colt’s possible adverse reaction to Zoetis, the manufacturer of the Lyme vaccine and propofol.

17. Overnight, Dr. Wood noted that Colt had periods of vocalizing and paddling. He was given Domitor, to which he responded. Chest radiographs were taken, and they showed a mild diffuse interstitial to alveolar pattern in the lung fields. Around 1:30 a.m., Ms. Rutherford was informed that Colt showed very minimal improvement, and he was on a Domitor CRI because of his continuous vocalizing and paddling. Colt’s prognosis was poor, and it seemed almost impossible that he would return to normal. Ms. Rutherford wished to continue with the current treatment plan.

18. On August 14, 2024, Patricia Coles, DVM (“Dr. Coles”) (License No. 5284) examined Colt and found no change in his condition. Dr. Coles discontinued the sedative CRI. Colt then had two episodes of restlessness/vocalization.

19. That evening, Ms. Rutherford visited Colt. Nicole Camelo-Lopez, DVM (“Dr. Camelo-Lopez”) (License No. V-09030) noted that Colt’s reflexes/withdrawals were now absent in all 4 limbs. Ms. Rutherford elected euthanasia, and Dr. Lopez performed the procedure.

20. On August 23, 2024, Ms. Rutherford filed a complaint with the SBVME against the veterinarians at EAH. She alleges that a veterinarian at EAH administered “a weird drug that might have caused his death.” Ms. Rutherford alleges that she was not informed what drugs Colt was given during his stay at

EAH, nor was she made aware of the possible side effects of the medications given. Further, Ms. Rutherford stated that EAH did not provide her with complete and honest updates on Colt's medical status.

21. On December 3, 2024, Dr. Kapilevich called Zoetis for an update on the claim VCA CVC submitted for Colt. Zoetis told Dr. Kapilevich that, as a gesture of goodwill, they would reimburse Ms. Rutherford 75% of the total cost of all treatments Colt received (for a total of \$15,745). Dr. Kapilevich relayed this information to Ms. Rutherford, who subsequently received a check in the mail for full reimbursement.

22. The Board opened a case and conducted an investigation. Dr. Gostyla provided written responses through her legal counsel as part of the investigation, MORE

23. Following its review of the case, the Board found that Dr. Gostyla did not exercise appropriate professional judgment in her treatment of Colt in a number of ways.

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.”

25. Dr. Gostyla did not satisfy the standards expected of a veterinarian in this State. First, Dr. Gostyla administered a corticosteroid medication (dexamethasone) to Colt at higher than the maximum recommended immunosuppressive dosage. This was particularly inappropriate for a patient who had just recovered from a cardiac arrest event. The medication is generally approached with caution for patients with histories of heart dysfunction.

26. Corticosteroids are also immunosuppressants. Colt was at risk of developing sepsis, because he had suffered cardiopulmonary arrest. Administering an immunosuppressant medication at higher than the recommended dose, especially without also administering antibiotics increased Colt's sepsis risk by potentially compromising Colt's immune system and was not in accordance with the standard of care.

27. The second issue involves Dr. Gostyla's failure to provide Colt with sufficient oxygen therapy. Colt was placed on oxygen for less than one hour. He should have been on oxygen continuously to help with muscle and brain repair and help prevent brain swelling.

28. A third issue with the care Dr. Gostyla provided involves her decision to administer an additional dose of propofol after Colt had already had a suspected propofol reaction. Dr. Gostyla should have considered maintaining sedation with other medications, such as microdose dexdomitor or generic dexmedetomidine and/or butorphanol.

29. The next issue with Colt's care involves the synthetic colloid prescribed for Colt to address low blood pressure. Synthetic colloids have a black box label in humans due to risk of kidney damage. Dr. Gostyla should have given greater consideration to the risk of kidney damage in light of the poor perfusion during the cardiac arrest episode, the risk of emerging sepsis, the corticosteroid (immunosuppressant) administration, and the lack of antibiotics.

30. A fifth concern involves Dr. Gostyla's failure to use a vasopressor to help the heart beat faster and harder and to temporarily tighten the blood vessels. A vasopressor can be titrated to effect and would have allowed Dr. Gostyla to use less or no colloid.

31. A reasonable veterinarian would also have placed a urinary catheter to ensure the patient's comfort and monitor his urine production. Using a catheter, along with regular monitoring of the patient's weight, would have enabled Dr. Gostyla to keep a close eye on how much fluid was going into the patient and how much was going out to avoid potential fluid overload. From the records, it appears that Colt was approaching or past the point of fluid overload.

32. Dr. Gostyla also gave Colt plasma to address low albumin. Plasma is not an efficient way to raise plasma albumin levels. It would take 600-900mL of plasma to increase Colt's albumin to 2.5G/dL, which is a large fluid dose for a dog who had already been on aggressive IV fluids. While low albumin was an issue that needed to be addressed, Dr. Gostyla should have considered lyophilized canine albumin as a more effective product to raise the patient's albumin level.

33. Another concern involves Dr. Gostyla's failure to run blood gas tests to measure the patient's acid-base status and monitor those levels over time. Acid-base status monitoring is important for a patient recovering from a cardiac arrest event, because imbalances can worsen cardiovascular and neurological function.

34. Dr. Gostyla also failed to document EKG monitoring, end tidal carbon dioxide, and any qualitative measures of Colt's neurological status. Closer attention to his neurological status may have cued Dr. Gostyla to administer mannitol to address any brain swelling. This medication is also a diuretic that could have helped with fluid overload.

35. Dr. Gostyla should have considered a more balanced anesthesia protocol to reduce the amount of propofol needed to achieve adequate sedation for the catheter placement. While the total dose of 6.4mg/kg does not exceed the referenced dose in Plumb's Veterinary Drug Handbook, it is higher than is usually necessary. The risks of propofol include respiratory depression and apnea, myocardial depression, arrhythmias, and hypotension, and these are generally dose-dependent.

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 Colt, a 17-month-old male Australian Cattle Dog owned by Jacqueline Rutherford, by giving a patient that had just recovered from a cardiac event a corticosteroid (dexamethasone) exceeding the maximum recommended immunosuppressive dosage; failing to provide the patient with sufficient oxygen therapy, administering additional propofol after the patient crashed from a suspected propofol reaction; administering a synthetic colloid to address low blood pressure for a patient at risk of kidney damage and receiving an immunosuppressant; not placing a urinary catheter and monitoring urine production, placing the patient at risk of fluid overload; giving Colt plasma to address low albumin, which was not likely to be

effective, particularly given that it was being diluted by fluids; not running blood gas tests to measure patient's acid base status or monitoring it over time in a patient recovering from a cardiac event; and administering several drugs (propofol and Epinephrine) at incorrect doses, Dr. Gostyla is assessed a civil penalty of \$1,000 (first offense);

- (b) Dr. Gostyla 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 – 25-018C" sent to the MDA at 50 Harry S. Truman Parkway, Room 102, Annapolis, MD 21401 – Attn: Nathaniel Boan;
- (c) As an additional requirement of this Consent Agreement, Dr. Gostyla shall complete continuing education ("CE") consisting of the RECOVER CPR course (six (6) credits);
- (d) The CE shall be completed, and verification of completion provided to the Board within sixty (60) days from the date of this Order, with verification sent by email to Nathaniel Boan, Executive Director, at [nathaniel.boan@maryland.gov](mailto:nathaniel.boan@maryland.gov). 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 may not be counted toward the 18 credit hours required annually for re-registration of the veterinary license, except for the RECOVER course, which may be counted; and
- (e) This Consent Agreement is a public document.

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this 23rd day of January 2026.

STATE BOARD OF VETERINARY  
MEDICAL EXAMINERS

A handwritten signature in black ink, appearing to read 'P. Crankshaw-Quimby', written in a cursive style.

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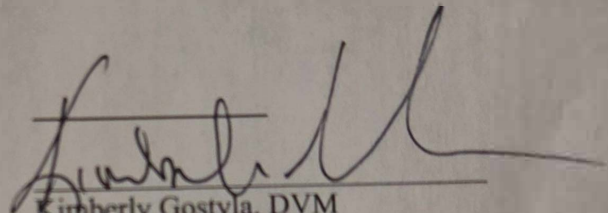
Patricia Crankshaw-Quimby, CAVA  
Vice-President  
State Board of Veterinary Medical Examiners  
Maryland Department of Agriculture

### CONSENT

I, Kimberly Gostyla, 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 eleven (11) 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:

1/18/2022



Kimberly Gostyla, DVM