

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

IN THE MATTER OF:

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KRYSTAL YAMAMOTO, DVM
LICENSE NO. V-09109

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DOCKET NO. 25-044F

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CONSENT AGREEMENT AND ORDER

This Consent Agreement and Order (“Consent Agreement”), dated this 14th day of January 2026, is between the State Board of Veterinary Medical Examiners (“SBVME” or “Board”) and Krystal Yamamoto, DVM (“Dr. Yamamoto”), License No. V-09109. This Consent Agreement resolves a case arising from a complaint filed with the SBVME on December 1, 2024 (assigned Docket No. 25-044F), alleging that Dr. Yamamoto 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 September 3, 2025, SBVME counsel sent a pre-charge proposal to Dr. Yamamoto’s legal counsel with proposed findings of fact, conclusions of law, and sanctions. Thereafter, the parties engaged in negotiations to resolve the case. On December 4, 2025, Dr. Yamamoto appeared before a team of Board members for a confidential resolution conference, after which the Board and Dr. Yamamoto reached an agreement to resolve this case. Having been advised in writing regarding her due process rights and while represented by legal counsel, Dr. Yamamoto agreed to resolve this case under the terms and conditions reflected in this Consent Agreement. By signing this Consent Agreement, Dr. Yamamoto agrees to waive her right to formal proceedings in this case, including the issuance of charges and a hearing.

Under Maryland law, the SBVME is the licensing authority responsible for regulating the practice of veterinary medicine in this State. It is authorized to file 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). In any disciplinary action, the Board may impose a civil penalty of not more than \$5,000 for a first offense in lieu of or in addition to suspending a veterinarian's license. Agric. § 2-301(a). For a second or subsequent offense, in lieu of or in addition to suspending or revoking the veterinarian's license, the Board may impose a penalty of not more than \$10,000. Agric. § 2-310.1(d). In setting the amount of a civil penalty, the Board shall consider the severity of the violation, the good faith of the violator, any history of prior violations, and 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

By entering and signing this Consent Agreement while represented by legal counsel, Krystal Yamamoto, DVM License No. V-09109, 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. Yamamoto did not satisfy COMAR 15.14.01.07A (Professional Judgment and Practice) as described below:

1. Dr. Yamamoto is a veterinarian licensed to practice in Maryland, where she has been licensed since 2023. Dr. Yamamoto has no history of discipline by the Board.
2. At the time of the events described herein, Dr. Yamamoto worked as a veterinary practitioner at Veterinary Emergency Group – Elkridge (“VEG” or “Hospital”) (License No. 13-00626), located at 6630a Marie Curie Drive, Elkridge, MD 21075.
3. On August 24, 2024, Sandy Popp (“Ms. Popp” or “Owner”) took her 5-year-old neutered Labrador Retriever, Andy, to Dunloggin Veterinary Hospital (“DVH”) (License No. 13-00443). Two days before the visit, Andy had accessed some trash and eaten pieces of plastic and other unknown items. Andy was vomiting, lethargic, and had a decreased appetite.
4. Laura Holland, DVM (“Dr. Holland”) (License No. 4633), performed a physical exam on Andy. He was quiet, alert, and responsive (“QAR”). A right lateral radiograph showed an irregular foreign object

in the fundus of the stomach. Dr. Holland discussed supportive care or referral to a specialist for an endoscopy or surgery. Ms. Popp elected a referral.

5. That afternoon, Ms. Popp took Andy to VEG. He was evaluated by Gabriella Forte, DVM (“Dr. Forte”) (License No. 7984), who recommended repeating radiographs. Ms. Popp consented. The radiographs were sent out for review by a specialist and showed a round, soft tissue opaque structure in the stomach consistent with a foreign body. Full bloodwork was also performed.

6. Dr. Forte told Ms. Popp that Andy’s radiographs did not show evidence of a small intestine obstruction, so she offered to induce emesis (vomiting) before moving forward with endoscopy or surgery. An endoscopy is a procedure in which an endoscope, a long, flexible tube with a bendable tip that has a light and camera is placed into a patient to allow visualization of a patient’s internal structures. Ms. Popp agreed to the treatment plan.

7. Dr. Forte administered apomorphine intravenously (“IV”) to induce emesis, and Andy produced a half avocado pit. The dose was repeated, but nothing else was produced. Dr. Forte proceeded with an endoscopy. Andy was sedated with propofol and intubated. During the procedure, Dr. Forte found more avocado pits in Andy’s stomach, but she was unable to retrieve them with the endoscope. Accordingly, surgery was recommended.

8. Dr. Forte was nearing the end of her shift, so Chelsea Aaron, DVM (“Dr. Aaron”) (License Number V-08606) assumed responsibility for performing an exploratory laparotomy. This procedure allows the veterinarian to explore the abdominal cavity and assess what further action would be necessary. Once she was able to explore Andy’s abdominal cavity, Dr. Aaron determined that both gastrotomy (an incision into the stomach) and enterotomy (incision into the small intestine) were necessary to remove the foreign material. During surgery, Dr. Aaron removed an avocado skin, a full avocado pit, and a partially chewed avocado pit from Andy’s stomach. She also performed an enterotomy and was able to remove a peach pit from the jejunum.

9. Andy’s overnight care at VEG was transferred to Brianna Carter, DVM (“Dr. Carter”) (License No. V-08793). According to the medical records, Andy recovered well from his surgery, although he

showed little interest in food. Dr. Carter decreased Andy's fentanyl continuous rate infusion ("CRI") and started him on gabapentin to manage pain. Andy's CRI was discontinued at 7:00 a.m. the following morning.

10. During the day on August 25, 2024, Melissa McNabb, DVM ("Dr. McNabb") (License No. V-08834), was Andy's attending veterinarian. Throughout the day, Andy was tapered off Reglan CRI. Dr. McNabb prescribed Provable paste, trazodone, and acepromazine for Andy. The treatment plan included discontinuing Andy's Reglan CRI once he was eating well. Andy's packed cell volume, total solids, and electrolytes were rechecked. Dr. McNabb spoke with Ms. Popp by phone and told her that Andy could be discharged home once he was eating regularly.

11. Overnight, Dr. Carter was Andy's attending veterinarian. She noted that Andy was nauseous and not interested in eating. Andy's temperature was noted to be 102.8, but it later normalized to 101.3. Dr. Carter restarted Andy on Cerenia. Andy also developed diarrhea.

12. On August 26, 2024, Dr. McNabb noted that Andy was QAR. His abdominal incision was partially covered with a bandage. Underneath, there was mild erythema and bruising, which was more apparent at the cranial aspect of incision. Dr. McNabb replaced the bandage and prescribed oral metoclopramide and ondansetron for Andy. Ms. Popp came to visit Andy and brought him a chicken and rice mixture that he ate well. Dr. McNabb told Ms. Popp that Andy could go home since he was eating well and discharged Andy later that day.

13. The next day, August 27, 2024, Ms. Popp returned to VEG with Andy due to his inappetence and ongoing diarrhea. He was evaluated by Dr. Yamamoto. Andy's temperature was 104.2, and there was a mild amount of purulent to serosanguinous discharge from his incision site. The incision was also moderately swollen.

14. Dr. Yamamoto performed an abdominal-focused assessment with sonography for trauma ("AFAST") scan and found no ascites (abnormal fluid buildup). She did notice a thin linear streak of free fluid to the left of Andy's incision, but her record did not reflect the depth of the fluid.

15. Dr. Yamamoto informed Ms. Popp that Andy's incision was infected. Dr. Yamamoto did not think a wound revision procedure was warranted at the time, but she stated that a revision might be needed, depending on Andy's response to antibiotics. Dr. Yamamoto recommended twenty-four hours of hospitalization to include IV fluids and antibiotics. A sample of the incision site was swabbed and submitted for aerobic culture. Dr. Yamamoto started Andy on Unasyn (an antibiotic), and his incision was treated with warm compresses every six hours. Overnight, Andy developed subcutaneous ("SQ") edema on the ventral thoracic area and gained weight, so Dr. Yamamoto decreased his IV fluid rate.

16. On August 28, 2024, Dr. Carter assumed responsibility for Andy's care. She noted mild purulent to serosanguinous discharge from the ventral aspect of Andy's incision. Andy had moderate edema at the ventral thorax, cranial to his incision. Andy was transitioned to oral Clavamox. Around 9:00 a.m., Dr. Carter spoke with Ms. Popp, informing her that Andy's oral temperature was 98.0 (Andy disliked rectal temperatures) and discharge was still oozing from his incision. Dr. Carter told Ms. Popp that she should expect to see an improvement in the incision because Andy was receiving antibiotics. She discussed discharging Andy because he was eating well and taking oral medications. Later that day, Andy was discharged.

17. Shortly after discharge, Ms. Popp emailed VEG a picture of Andy's incision and stated that it had holes in it. Around 7:30 p.m., Dr. Yamamoto reviewed the picture and told Ms. Popp that although the incision was infected, she would not recommend repairing it at that time. Ms. Popp expressed her concern about the holes near Andy's incision. Dr. Yamamoto told Ms. Popp that a "perforation is actually helpful for drainage." She recommended that Ms. Popp monitor the incision and apply warm compresses. Dr. Yamamoto suggested adding an additional antibiotic that Ms. Popp could pick up from VEG.

18. Ms. Popp elected to seek a second opinion and took Andy to Anne Arundel Veterinary Emergency Clinic ("AAVEC") (License No. 02-00248), where he was evaluated by Marianne Mullen, DVM ("Dr. Mullen") (License No. V-08629). Dr. Mullen noted that Andy's incision was firm, with erythematous skin around the main suture line and a moderate amount of discharge from the wound. Dr. Mullen spoke with Ms. Popp and recommended a wound revision surgery to be performed at Chesapeake Veterinary Surgical

Specialists (“CVSS”) (License No. 02-00249). Ms. Popp approved. Overnight, Andy received IV fluids and IV Baytril.

19. On August 29, 2024, Andy was evaluated at CVSS by Joseph Prostredny, DVM (“Dr. Prostredny”) (License No. 4092). Dr. Prostredny documented a deep incisional infection and recommended resection and debridement of the previous incision with a drain placement. Ms. Popp approved the surgical plan.

20. According to Dr. Prostredny’s surgical notes, Andy’s original incision was necrotic and draining purulent material. The linea closure was dehiscenced, and the falciform was severely inflamed. The affected falciform was resected. Andy recovered well from this surgery. Dr. Prostredny told Ms. Popp that because the infection had contaminated Andy’s abdomen, he placed an abdominal drain and a SQ drain. He recommended that Andy remain hospitalized for three days until the abdominal drain could be removed. Dr. Prostredny prescribed Clavamox as an additional antibiotic.

21. Andy remained hospitalized at SVSS from August 30th to September 2nd, 2024. He continued to receive antibiotics, and his drains were monitored for fluid output. Andy was discharged from CVSS on September 2, 2024.

22. Andy was reevaluated by Corinne Buirkle, VMD (“Dr. Buirkle”) (License No. V-08771), another CVSS veterinarian, on September 11, 2024, who found that he was recovering well. Andy’s skin staples were removed, and no further antibiotics were determined to be warranted.

23. On December 1, 2024, Ms. Popp submitted a complaint to the SBVME arising from the care Andy received at VEG. One of the allegations in Ms. Popp’s complaint was that Dr. Yamamoto provided substandard treatment for Andy’s infected incisions.

24. The Board opened a case, conducted an investigation, and reviewed the care Andy received.

25. After its review, the Board found that Dr. Yamamoto did not exercise appropriate professional judgment when treating Andy. 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.”

26. Dr. Yamamoto did not satisfy the standard of care because she did not adequately assess Andy's necrotic incision, which a reasonable veterinarian acting in accordance with the standard of care would have recognized as needing surgical revision.

27. The photograph Ms. Popp took of Andy's incision on August 28, 2024, immediately after his discharge from VEG, shows a deeply bruised, ulcerated and draining incision with purulent discharge. A reasonable veterinarian would recognize that the incision was too severely affected for medical management and would have recommended revision surgery. Dr. Yamamoto dismissed Ms. Popp's concerns about the holes in the incision, claiming that they were helpful for drainage, which was incorrect.

28. Since the events in this case, Dr. Yamamoto has engaged in self-reflection and completed continuing education in wound management to improve her professional practice.

Considering the facts and circumstances, including the nature of the violation(s); the veterinarian's lack of 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 Andy, a 5-year-old neutered Labrador Retriever, owned by Sandra Popp, by not recognizing that Andy's necrotic incision required surgical alteration, Dr. Yamamoto shall pay a \$1,000 civil penalty;
- (b) The civil penalty is due 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 – 25-044F" sent to the MDA at 50 Harry S. Truman Parkway, Room 102, Annapolis, MD 21401 – Attn: Nathaniel Boan; and

- (c) As an additional condition of this Consent Agreement, Dr. Yamamoto shall complete eight (8) hours of continuing education (“CE”) addressing wound management. To obtain pre-approval for this CE course, the veterinarian shall provide descriptive information about each course proposed to be taken (using a link, an attached syllabus, or other description of the course subject matter) by email to Nathaniel Boan, Executive Director, at Nathaniel.boan@maryland.gov;
- (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. 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 eighteen (18) credit hours required annually for re-registration of the veterinary license; and
- (e) This Consent Agreement is a public document.

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this 14th day of January 2026.

STATE BOARD OF VETERINARY
MEDICAL EXAMINERS



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

CONSENT

I, Krystal Yamamoto, 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 nine (9) pages, including this Consent. I sign this Consent Agreement without reservation as my voluntary act and deed after having had an opportunity to consult with counsel. I fully understand and comprehend this Consent Agreement's language, meaning, and terms.

Date:

01/13/2026
Krystal Yamamoto, DVM
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