

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

IN THE MATTER OF:

LEANNE LIPTON, DVM
LICENSE NO. 7455

DOCKET NO. 25-058

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CONSENT AGREEMENT AND ORDER

This Consent Agreement and Order ("Consent Agreement"), dated this 10th day of February 2026, is between the State Board of Veterinary Medical Examiners ("SBVME" or "Board") and Leanne Lipton, DVM ("Dr. Lipton"), License No. 7455. This Consent Agreement resolves a case arising from a complaint filed with the SBVME on January 14, 2025 (assigned Docket No. 25-058), alleging that Dr. Lipton 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 16, 2026,. Dr. Lipton, 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. Lipton 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, 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 instead 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, 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/after having had the opportunity to seek the advice of legal counsel, Leanne Lipton, DVM, License Number 7455, 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. Lipton did not satisfy COMAR 15.14.01.07A (Professional Judgment and Practice) as described below:

1. Dr. Lipton is a veterinarian licensed to practice in Maryland, where she has been licensed since 2015. Dr. Lipton has no history of discipline by the Board.
2. At the time of the events described herein, Dr. Lipton was the owner and responsible veterinarian at Meridian Veterinary Services ("MVS") (License No. 15-00470), located at 105 University Blvd W, Silver Spring, MD 20901.
3. On December 16, 2024, Mark Henderson ("Mr. Henderson" or "Owner") took his 7-year-old neutered cat, Chester, to MVS for a comprehensive oral health assessment and treatment (COHAT) with dental extractions. Chester had a history of moderate grade 3 dental disease. Chester had recently recovered from being treated for inappropriate defecation, loose stools, possible obstipation/constipation, and hyporexia in November of 2024.
4. Dr. Lipton was Chester's treating veterinarian. Dr. Lipton examined Chester and noted a severe exudative anal infection that extended to the perianal tissue and cranial ventral tail. Chester had flea dirt throughout his body and was obese, with a body condition score of 7-8/9.
5. Prior to his dental procedure, Chester's perianal area was shaved and treated with a topical ointment. Dental radiographs were taken, and Chester had four teeth extracted. According to Dr. Lipton, Chester was mildly hypotensive throughout the procedure, and he received four intravenous fluid boluses. His temperature prior to surgery was 102.5. Chester remained normothermic throughout his surgery until

the last 15 minutes, when his temperature reached up to 103.0. Dr. Lipton was alerted to this change and discovered that the heating pad used during the procedure was on the high heat setting. The heating pad was immediately removed. Dr. Lipton believes that the heating pad switch was mistakenly jostled and accidentally turned too high. Chester's entire anesthetic procedure lasted approximately 3.5 hours.

6. Dr. Lipton then examined Chester. He was wet from the dental procedure, but no skin lesions were found. Chester was monitored post-operatively, and his temperature decreased to 102.5. Dr. Lipton informed Mr. Henderson about the possibility of thermal burns and instructed him to examine Chester's skin daily and check for discomfort. Dr. Lipton prescribed clindamycin, meloxicam, gabapentin, chlorhexidine, and Animax ointment for Chester.

7. On December 21, 2024, Ambar Zobairi ("Ms. Zobairi"), Chester's co-owner, called MVS and informed Dr. Lipton that Chester had developed a skin lesion on the right lateral thorax. Ms. Zobairi was applying Animax to the area and asked whether she should apply Vaseline. Dr. Lipton recommended that the infected area be cleaned with chlorhexidine and Animax ointment until Chester could be examined in the next 1-2 days.

8. Dr. Lipton suspected a thermal burn and consulted with Vetoquinol, a company that manufactures and markets pharmaceutical products and supplements for animals, about using Phovia fluorescent light therapy for treatment. Vetoquinol confirmed that it would be appropriate, but they recommended discontinuing the Animax ointment. Vetoquinol advised Dr. Lipton to clean the lesions and then apply Manuka honey wound gel or silver sulfadiazine cream between Phovia treatments.

9. On December 23, 2024, Chester presented to MVS. Dr. Lipton examined a 5 by 5 cm right lateral thoracic skin lesion and two other emergent eschars on the right dorsal abdominal area and left ilium. Dr. Lipton used Phovia to treat all the areas. She refilled Chester's gabapentin and clindamycin and prescribed Manuka honey gel for at-home use.

10. On December 29, 2024, Chester presented to MVS for his two-week recheck. Dr. Lipton stated that at this appointment, the owners disclosed that 6 days prior, Chester's skin, appetite, and energy had started to decline. Dr. Lipton examined Chester and noted extensive eschar lesions, including new exudative,

inflamed lesions that developed on the left trunk. There was extensive spreading and coalescing of eschars paramedial to the dorsum, originating on the right side, and new developing lesions on the left side from the thorax through the abdomen to the tail head. Phobia treatment was no longer an option for Chester. Dr. Lipton informed the owners that Chester's lesions were obvious thermal burns, but underlying conditions (obesity, poor circulation, diabetes mellitus, adverse drug reaction to Phobia Chromo gel, immune-mediated, etc.) could not be ruled out for causing his condition to worsen. Dr. Lipton discussed referring Chester to an emergency specialty practice.

11. Subsequently, Chester's owners took him to Friendship Hospital for Animals ("FHA") in Washington, D.C., where Megan Reilly, VMD ("Dr. Reilly"), examined Chester. Full bloodwork was performed, revealing mild anemia and a decrease in platelets. Chester was treated as an out-patient until he could be seen at the surgical center. Dr. Reilly administered subcutaneous fluids ("SQ") and an opioid pain medication to Chester and prescribed a different antibiotic, Clavamox, for treatment of secondary infection.

12. On December 30, 2024, Chester re-presented to FHA. Masha Roman, DVM ("Dr. Roman"), an orthopedic and specialty surgeon, examined Chester. The wound on his caudal dorsum was scabbed over and appeared to be secondary to a thermal wound. The right caudal dorsum appeared to have eschar formation, which was acting as a natural band aid. The left-sided wound was erythematous with possible underlying purulent material.

13. Dr. Roman discussed long-term wound care for Chester with his owners. She recommended surgical debridement under general anesthesia, with priority to the left side first, along with managing the right side conservatively until the eschar fell off. Chester's wounds would be managed as open wounds with frequent tie-over bandages after surgery. During this appointment, Chester's wounds were clipped gently and scrubbed. Chester was sent home with Clavamox, and the owners were directed to schedule an appointment for further consultation.

14. On January 2, 2025, Chester presented to FHA for his first surgical debridement with Dr. Roman. A physical exam revealed thermal wounds on the mid to caudal dorsum and eschar formation on the right

dorsum. Erythematous wounds on the left dorsum were suspected to be infected and devitalized. The wounds on the left dorsum were surgically debrided, with a tie-over bandage placed. The wounds on the right side were left in place as the eschars/scabs appeared healthy.

15. On January 4, 2025, Chester presented to FHA for a bandage change. Another FHA veterinarian sedated Chester and replaced his tie-over bandage.

16. On January 7, 2025, Chester presented to FHA for his second surgical debridement of the right-sided wound. Chester was placed under general anesthesia. Dr. Roman noted that the right-sided wound was sloughing with necrotic fat and mucopurulent material. The wound was completely debrided, and a tie-over bandage was placed. The left-sided wound was starting to granulate.

17. On January 10, 2025, Chester presented to FHA for a bandage change. Courtney Weaver, DVM ("Dr. Weaver"), a surgical specialty intern sedated Chester. His wounds were cleaned, lavaged, debrided, and tie-over bandages were replaced.

18. On January 13, 2025, Chester presented to FHA for a bandage change. Once again, Dr. Weaver sedated Chester and changed his tie over bandages. Medical records note that the skin appeared healthy underneath the bandages.

19. On January 16, 2025, Chester presented to FHA for a bandage change. Dr. Roman's physical exam showed that Chester had gallop arrhythmia, likely due to stress. Complete bloodwork was performed and revealed no abnormalities. Dr. Roman sedated Chester and changed his tie-over bandage. The plan for Chester's next appointment was to perform a minor surgical debridement under general anesthesia and place a negative pressure wound system.

20. On January 20, 2025, Chester presented to FHA for a third surgical debridement with Dr. Roman. Chester was sedated for the procedure; however, the wound vac system was not placed during this visit (delayed shipment). Dr. Roman advised that Chester's wounds were making good progress, and the wound vac system would be placed at the next appointment.

21. On January 22, 2025, Chester presented to FHA for a bandage change. Dr. Weaver performed a brief physical exam and noted a grade I/VI heart murmur. Chester was sedated, and his tie-over bandage was changed.
22. On January 27, 2025, Chester presented to FHA for a bandage change. Dr. Weaver sedated Chester, and his tie-over bandage was changed. The wound site was clean with healthy appearing granulation tissue.
23. On January 31, 2025, Chester presented to FHA for a bandage change. Dr. Weaver auscultated Chester's grade I/VI heart murmur. Chester was sedated, and the tie-over bandage was changed. Dr. Weaver noted that the wound was notably contracting.
24. On February 3, 2025, Chester presented to FHA for a bandage change. Dr. Roman auscultated a gallop arrhythmia, but no heart murmur. Chester had an echocardiogram performed, and he was diagnosed with mild tricuspid regurgitation. Chester was sedated for his bandage change. The wound site was cleaned with healthy-appearing granulation tissue, and the wound was notably contracting.
25. On February 7, 2025, Chester presented to FHA laterally recumbent and tachypneic. Chester had been vomiting and had a decreased appetite. He was evaluated by Jillian Garrity, DVM ("Dr. Garrity"), who noted that Chester's temperature was 95.0, and his blood pressure was 70 mmHg. Chester was severely dehydrated with weak pulses. Chester received multiple intravenous ("IV") fluid boluses and an injection of buprenorphine.
26. Bloodwork showed severe metabolic acidosis with hyperlactatemia, severe leukocytosis, hyperphosphatemia, and hyperglobulinemia. An abdominal ultrasound showed a small volume of hyperechoic debris within the urinary bladder. There was severe fluid distention of the gastric lumen as well as the pyloroduodenal junction, causing compression and cranial displacement of the liver and caudal displacement of the cranial abdominal organs. Within the distal aspect of the jejunum, a hypoechoic intraluminal mass lesion was identified. The mass had obliterated the jejunal lumen.
27. Chester was diagnosed with an intraluminal distal jejunal mass causing mechanical ileus and severe gastric dilatation. Dr. Garrity discussed the treatment options with the owners, including gastric

decompression, exploratory laparotomy, and nasogastric tube placement. However, the owners elected to euthanize Chester. Dr. Garrity performed the euthanasia procedure.

28. In January 14, 2025, prior to Chester's acute decline, Mr. Henderson filed a complaint with the SBVME against Dr. Lipton for substandard care arising from Chester's dental procedure.

29. The Board opened a case, obtained relevant medical records, and investigated the allegations.

30. As part of the investigation, Dr. Lipton submitted a response to the SBVME via her legal counsel. Dr. Lipton noted that since Chester's case, she has made several changes at MVS. The heating pad used for Chester's surgery is no longer used. Instead, patients undergoing surgery are warmed using a circulating warm water pad intended for animal use. All MVS staff have been trained to only use the pad's "low" setting.

31. In addition, Dr. Lipton has updated MVS's anesthesia sheet to reflect temperature monitoring and hired RVTs for patient support and anesthesia monitoring. Staff members have also attended formal seminar presentations and mentoring in terms of patient monitoring.

32. Since the board complaint, Dr. Lipton has completed continuing education via DC Academy, including seminars on anesthesia, pharmacology, surgery, and emergency/critical care.

33. After it reviewed the case, including the medical records, witness statements, and Dr. Lipton's response, the Board found that Dr. Lipton did not exercise appropriate professional judgment by using a heating blanket not intended for animal use during Chester's dental surgery. 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."

34. In the past, it was common for veterinarians to use constant temperature heating pads intended for human use during dental or other surgical procedures; however, that is no longer the standard of care due to the significant burn risk. These heating pads supply constant surface heat and sedated and anesthetized animals are unable to move away from the heat source or recognize that they are being burned. Even if warming a patient with a human-use pad were appropriate, its temperature should have been monitored

closely during the surgery. Lengthy procedures such as this one further increase the risk of thermal burns due to extended time in contact with the heating pad. Finally, monitoring only the patient's body temperature is not enough. By the time a heating pad causes an observable increase in the patient's body temperature, the patient may have suffered serious burns, as Chester did in this case.

35. While finding that Dr. Lipton's practice in this case did not satisfy the standard of care, the Board appreciates Dr. Lipton's prompt action to implement improvements in her hospital's practice to promote patient safety.

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 Chester, a 7-year-old neutered cat, owned by Mark Henderson and Ambar Zobairi, by using a heating pad not intended for animal use and failing to properly monitor the temperature of the pad during the surgery, Dr. Lipton shall pay a \$300 civil penalty;
- (b) The civil penalty shall be paid 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 – 25-058" sent to the MDA at 50 Harry S. Truman Parkway, Room 102, Annapolis, MD 21401 – Attn: Nathaniel Boan;
- (c) This Consent Agreement is a public document.

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this
10th day of February 2026.

STATE BOARD OF VETERINARY
MEDICAL EXAMINERS



Christine Calvert
President
State Board of Veterinary Medical Examiners
Maryland Department of Agriculture

CONSENT

I, Leanne Lipton, 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 ten (10) 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: *JANUARY 30TH, 2026*



Leanne Lipton, DVM