CLIENT NAME & ADDRESS
Lawyer if known name and address

August 25, 2023

Dear XXXXX

My name is Erica Tramuta-Drobnis, VMD, MPH, CPH. I graduated from the University of Pennsylvania's School of Veterinary Medicine in 2005. Since then, I have worked as a clinician in general practice and emergency medicine. I am a small animal and exotics emergency and critical care veterinarian, CEO, and Founder of ELTD One Health Consulting, LLC. I provide various services in addition to clinical veterinary medicine, including research, writing, and consultation services. Full curriculum vitae can be provided upon request.

Because of my eighteen-plus years of clinical veterinary experience with small animals and exotics and scientific research, I am well acquainted with the current veterinary standard of care. I ensure that I remain up-to-date on current recommendations for emergency care, surgical procedures and related topics, pharmacology, internal medicine, and a variety of other topics with key focuses on antibiotic stewardship[1,2] pain management,[3–5] and One Health topics[2,6,7]. I always practice evidence-based medicine and am an Evidence-Based Veterinary Medical Association member.

I have been asked to render an opinion regarding the veterinary care of Pet's Name, an American Bulldog owned by XXXl, on 12/10/2022 by XXXX at XXXX. Based on a statement of facts attached hereto as an exhibit, in as much as my knowledge of the facts of the case is limited solely to the representations made in the statement, my opinion is qualified and limited. Accordingly, based on my review, it is my professional opinion that the practitioner who provided the veterinary services described in this statement did not adhere to the standard of care required of veterinary physicians in circumstances of the nature described.

The following is my assessment of the clinical events surrounding the tragic health outcome.

Animal Health
Environmental Health

Chronology of the events

1. **On November 9, 2021,** The XXXs brought XXX to XXX for her post-purchase exam, and she received a Lyme vaccine (#1 of 2) and a rabies vaccine. There are no physical exam notes or client communications with client education notes on preventatives such as heartworm/flea/tick or any other such discussions or routine puppy recommendations.
2. **On November 30, 2021,** XXX received a Lyme booster. No additional notes were made, with the only thing recorded being her current weight of 34.6 (presumably pounds). No physical exam notes were evident, nor were any client communications.
3. **On July 12, 2022,** The XXXs brought XXX back to discuss breeding. It is presumed she had an ear infection as ear cytology was performed, and a medication (Oti-pack) was prescribed or applied in the hospital. Again, there are no physical exam notes or client communications, just a line item invoice.
4. **On 12/1/2022**, There were only discharge notes in a handwritten scribble that said, "X-rays – 5 puppies. Keep in touch 5709714035 any questions". There is no information on whelping, duration between puppies, when to be concerned, signs of dystocia (trouble delivering), or any client education. The only medical notes entered state that it "looks like 5 puppies". Nothing that appropriately discussed the radiographs in medical terms, reviewing all included structures was evident. No physical exam was performed or noted. Her weight was recorded as 54, presumably pounds.
5. **On 12/10/2022**, the owners presented XXX for a cesarean section (C-section). She had been in labor for 24 hours before the surgery without any puppies being delivered. The owners had requested a prescheduled surgery, knowing that the breed usually requires the surgery if she could not deliver naturally. Still, they were told it wasn't necessary and that the vet would be available.
    a. There is a signed anesthesia consent form (a CPR code sheet) granting them permission to take measures if any complications occur and acknowledging that the owners will be financially responsible. However, there is no documentation discussing specific surgical risks. Nothing was noted that discussion ensued about the main focus, puppies or mother, and if the owners wanted her spayed if the uterus appeared non-viable.

b. There are text copies and written notes that discuss numerous phone calls from the owner about the lack of progression of whelping. The patient's water broke at 9:00 am on **12/9/22.** At 5:23pm, the vet reached out, and she had not yet had any puppies. However, at this point, 7+ hours after the start of stage 2 labor, with no puppies, they were still not advised to seek emergency care. Numerous attempts were made to reach Dr. X who had said he would be available anytime for a C-section, but he failed to respond. There are additional handwritten, hard-to-follow notes from staff members regarding client communications.
c. Though the owner had contacted the University of Cornell's ER, upon finally hearing from Dr. X, Xpresented to the primary care vet at 8:40 am on **12/10/2022**. The owner elected to drive the 20 minutes to Dr. X's clinic after hearing from the veterinarian rather than the 1.5 hours to Cornell, feeling she would get care sooner. However, surgery wasn't started until after 9:40 am, and had he known that this, he would have simply taken her to Cornell.
d. A physical exam stamp has no comments, only check marks for normal evaluations. However, the template states that the gastrointestinal tract wasn't evaluated, nor was the urogenital tract. Yet X was there for a dystocia directly related to the reproductive tract.
e. No discussion or request to perform bloodwork to evaluate X's hydration status, liver and kidney values, and red and white blood cells were performed. Given the duration of stage 2 labor without puppies being delivered, she could have already been showing signs of systemic illness. However, this was not even mentioned, let alone evaluated.
f. The surgical report is hard to read, fails to describe the appearance of the uterus, fails to mention flushing of the abdomen, contamination concerns, attempts to resuscitate the puppies, or anything other than suture used and size. Though records are present, they are mostly illegible and fail to discuss anything about the deceased puppies other than their location. No examination of each puppy was noted. No notation of blade marks on the puppies was noted.
g. No pain medication was administered at all from the start of the procedure throughout the procedure, even once it was apparent that the puppies were non-viable. She was given an injection of Carprofen after surgery was completed (which will take time to take effect), and it shouldn't be administered in dehydrated animals. She likely was dehydrated after being in labor for 24 hours and having had surgery without IV Fluids.[8]
h. There was no anesthesia monitoring performed (or documented).[9]
i. The patient was not on IV fluids for hydration, blood pressure support, and overall standard of care.[9]
j. X was sent home with non-steroidal anti-inflammatory pain medication (NSAID), Carprofen, and an antibiotic (cephalexin). No justification or reasoning for the antibiotic was given to the owner nor noted in the chart. This represents inappropriate antimicrobial stewardship and deviates from the standard of care. See the discussion below. Further, no discussion or notations about possible medication side effects were relayed to the owners.

6. **On December 12, 2022,** X presented to Mansfield Vet Clinic (Not the clinic of concern) because she remained lethargic post-operatively. Further, she was not eating or drinking much at all. On presentation, X had blood-tinged vulvar discharge, intermittent muscle tremors, and difficulty standing. She was febrile at 105°F (Normal 100-102.5°F), listless, and the incision was inflamed. She was hospitalized and placed on IV fluid therapy, and diagnostics were obtained.
   a. Her weight was 47.4#. The last recorded weight at X (RDVM) was 54# before whelping with no weight at surgery.
   b. Electrolytes and chemistry panel were non-remarkable
   c. Initial CBC showed a borderline low red blood cell count (anemia) HCT 36.1% (37.3-61.7); Suspected band cells (immature white blood cells, suggested of reactive/inflammation; elevated monocytes 4.34 {0.16-1.12}), which is an indication of chronic inflammation and concerning).
   d. Clinically she remained listless despite supportive care, and the vaginal discharge became malodorous, purulent (pus) and more bloody. They rechecked her CBC, which showed worsening anemia (dilution from the IV fluids, active bleeding, or both) and further monocyte elevation. (31.2% HCT and Monos 5.85). Given her deteriorating condition and concern for uterine infection (pyometra), the veterinarian recommended transfer to Cornell University for further workup, overnight care, and exploratory surgery if warranted.
7. **On the evening of 12/12/2022**, the owners transported X to Cornell University for evaluation, hospitalization, and surgery.

   a. Diagnostics from the referring vet were evaluated, and she had vaginal cytology performed.
   b. Her abdomen was full of fluid, sampled and evaluated microscopically, confirming infection in the belly (peritonitis). This fluid was submitted for culture.
   c. Ultrasound was consistent with a ruptured uterus and subsequent abdominal effusion (free fluid).
   d. The incision on presentation was inflamed and leaking fluid.
   e. She was admitted to the hospital and placed on supportive care pending diagnostics, pre-operative care, and stabilization.

8. **On 12/13/2022, X** underwent an exploratory surgery. Her uterus was found to be ruptured open in all three surgical incision sites, with infection present in the uterus and abdominal cavity. See *Figures 2-6* for pictures of the abnormal findings. As a result of the uterine rupture, severity of the damage, and peritonitis, X was spayed, removing her ability to reproduce in the future. She did well intraoperatively and had appropriate pain management, perioperative antibiotics pending appropriate cultures, and supportive care.
9. X was **discharged from Cornell University on 12/16/2022** with appropriate medication and postoperative directions. She recovered without incident and is doing well as of August 2023.

Based on current scientific medical evidence, the standards of care and recommendations for the appropriate education of clients on all matters of veterinary care, including pregnancy, labor, and delivery, surgical procedures and anesthetic monitoring, antimicrobial stewardship (proper use of antibiotics and related medications), surgical and anesthetic records, pain management provision, and postoperative recommendations, instructions, and notes, the following information demonstrates that Dr. X fails to practice veterinary medicine to the appropriate level of care and is guilty of malpractice.

The following represents evidence of sub-standard care culminating in the ultimate end result.

1. **Failure to provide client education** before whelping, during, pre- or post-operatively. According to the Pennsylvania Code in the Rules of Professional Conduct for Veterinarians, client education is required as part of our veterinary-client-patient relationship (VCPR).[10] This includes a failure to provide appropriate discharge instructions and monitoring information.

   Failure to provide client education[11] pre-whelping and during the whelping process.
   Whelping occurs in three stages:[12–14]
   a. Stage 1 is usually 6-12 hours (up to 36 hours). Dogs will be restless, panting, and show nesting behaviors. Many will stop eating. There are no obvious uterine contractions here, and the water hasn't yet broken (no vulvar discharge/lochia).
   b. Stage 2 is active labor. This stage starts when active contractions become evident, and a burst of fluid (water breaking) occurs as the first puppy's fetal sac ruptures. Normal healthy bitches will have a puppy, usually about 1 every 2 hours or so, with slight variation. Not having a puppy for 24 hours is dire.
   c. Stage 3 labor refers to the passage of the placenta (fetal membranes) and usually occurs after each puppy's delivery and a period of inactivity before the birth of another in litters.

   The X family was not provided any literature on whelping or pregnancy. The family was not educated before or during the delivery process by anyone at the practice with whom they spoke. It is concerning that no one was properly educated in the lack of progression of X's delivery. The owners should have been advised that X should be evaluated if the contractions were robust, regular, and ongoing for 15-30 minutes with no puppy. However, she went for hours with no puppy. She should have been evaluated if her contractions were intermittent (never asked), and no puppy was delivered after about 1.5-2 hours and no more than 4 hours. It is common knowledge that most healthy, normally progressing deliveries in dogs have interval times between puppies of about 30-60 minutes.[12,14,15]

   There is documented communication between the owner and the practice that at 4:27 pm, Mr. X reached out and advised the water broke at 9 am with small labor around 2 pm. At 5:23, the owner received a reply asking if she had any pups. The response should have been that if she hasn't had any puppies or there has been no sign of delivery, to take her to an emergency room immediately. 9 am until 530 pm is too long with no puppies despite contractions. The records note, "owner wanted natural birth not C-section". Whether this was true or not, this is irrelevant when the health of the puppies and bitch is at stake. At this point, X

required a c-section or at least evaluation and an oxytocin injection. Ideally, she should have had an examination, bloodwork, and an ultrasound scan to determine puppy viability.

The fact that Mr. X was not advised to go to an ER or come into the clinic immediately is concern enough. The fact that she was not seen and taken to surgery until 24 hours after starting stage 2 labor is disheartening and negligent. If she had 5 puppies, as radiographs suggest, and she progressed appropriately, she should have finished delivery within 12-18 hours. Thus, any communication after 5 pm should also have led any staff who spoke with Mr. X to insist that he go to an emergency room or at least contact an emergency vet for guidance.

Further, not only did Dr. X not discuss the likelihood of dead puppies with the owner prior to surgery, but he also failed to discuss any risks of complications, the possibility of damage to the uterus given the surgery delay, and the risks to her. No discussion of whether she should be spayed was undertaken, given that she had likely had puppies that were dead in her for some time. The records show no indication that an ultrasound was completed to detect fetal heart rates. Had this been done and likely found no heartbeats, the veterinarian could have discussed it with Mr. X and planned to spay her. This would have prevented any risk of contamination to the abdomen from opening a damaged uterus, prevented the surgical dehiscence that followed, and prevented unneeded suffering, illness, hospitalization, and financial burden. Further, it would have permitted a more appropriate, multi-modal anesthetic protocol that included proper pain management.

The failure to educate the client on proper whelping expectations, signs of dystocia, duration of the birthing process, and a failure to insist that she be taken to an emergency clinic contributed to her negative health outcome and life-threatening illness.

Further, the veterinarian's emphasis on the notion that the client wanted a natural birth is irrelevant and disrespectful of the owner's wishes. Proper education on when to intervene in a natural birth is critical and was not provided. This is the veterinarian's responsibility, and he failed to perform that duty, contributing to the final outcome. Pre-planned c-sections are commonly used in this breed to prevent dystocias, puppy losses, and maternal abnormalities. The plusses and minuses of c-sections were never discussed with the owner pre-emptively, and the only notes in the record refer to the owner wanting a natural birth. Further, statistics and breed-specific information were never discussed. Studies suggest that approximately 42% of bulldogs deliver naturally on the first litter and fewer on subsequent litters.[16]

Pre-planning a c-section saves lives and provides the puppies a better chance of survival. However, since many can deliver naturally, with proper education on monitoring for signs of distress, it is reasonable to have a bitch start with natural labor, intervening only when necessary. The owner should have been advised from the beginning if there were problems to go to an emergency hospital that was fully staffed at all times and adept at surgical intervention. This was not done.

2. **Abundant recordkeeping failures.**
    1. **The records are handwritten and very difficult to read/interpret.** While computer records are not mandatory, they provide for a more complete record, are legible, and are harder to falsely alter, as date and time stamps are often provided.
    2. **Inaccurate medical records**. At the time of X's C-section, she was one year and eight months of age. However, X's chart states that she is 6 yrs. 7 mos.
    3. **Incomplete medical records** (failure to use the properly accepted standard medical record style SOAP, subjective, objective, assessment, and plan) with a failure to perform and document physical exam findings, vitals, and more, including diagnostics and interpretations, assessments, and treatment plans and client communications.[17,18]
    4. **The patient notes fail to note physical exam findings** - which, in the absence of any physical exam notes, suggests a failure to perform such a routine process. No notation about vaginal dilation, presence or absence of a puppy in the birth canal, or vitals (was the patient dehydrated? Was her heart rate elevated? Did she have milk letdown?) are evident. No notation of anesthetic risk, medications used for anesthesia, pain management, or otherwise are noted.

   5. **The veterinarian has incomplete and difficult-to-read surgical records.** Was the patient intubated? What time did anesthesia start? Finish? What size IV Catheter was placed? Was one placed? This is all information that is on the surgical sheet yet not recorded. This should all be part of the medical record.
   6. **Further, no valid weight** can be found in the history for 12/10/2022 before the c-section. Further details are lacking, and the report is barely legible or interpretable.

3. **Failure to refer the patient to an emergency room** given the duration of labor without successful delivery or at any time during the 24-hour period in which the patient was in labor. **No one offered a referral or recommended the owner take X to the emergency room at any time.** It is part of our duty to provide referrals when warranted. Failing to do so is a breach of contract and may lead to complications or worse outcomes.[19(pp76-77, 114, 241, 308, 386.),20] The medical staff, who did interact with the owner during this very stressful time of stage 2 labor, should have insisted that the owner take X to an emergency hospital ASAP, not that they would continue to try to reach Dr. X, or didn't know why he wasn't answering the phone. No urgency was ever expressed to the owner. Since he had never been properly advised/educated on the whelping process, he didn't understand the direness and the urgency. Were he told that the labor duration without a puppy was unacceptable, he would have taken her to Cornell immediately.
   a. Once he was finally advised to come in for a C-section, he was still not counseled to take her to an emergency hospital despite being in labor for almost 24 hours with no puppies. Because they didn't stress an urgency to seek emergency care with 24/7 care if needed, the owner elected to drive the 20 minutes to Dr. X's office rather than that 1.5 hours to Cornell.
   b. He was then made to wait an hour before she was even taken to surgery. They could have driven to Cornell, had her fully evaluated, with appropriate bloodwork and diagnostics, in the same timeframe, and her uterus properly evaluated.
4. **Failing to willingly provide medical records** to the owner when asked without consulting a lawyer suggests concern for error and lack of confidence in medical record keeping.
5. **The veterinarian failed to properly document client communications** of any kind. This includes surgical risks, procedure, owner's yearning to save the puppies or not, desire to offer spay if the veterinarian suspected the uterus wasn't viable, and more.

   The veterinarian failed to alert the owner that having waited this long between when labor started (9 am the day before) and now, the puppies likely would not be viable. The owners were astounded to know that the puppies hadn't made it and were not properly informed this could be the case. Overall, this represents a l**ack of proper client communication** from the first office visit until discharge from the hospital post-operatively. This includes documentation of any client communication, provisions of handouts, recommendations, surgical risks, and more.
6. **Concerns regarding surgical care, from pre-interactions to intraoperative care to postoperative lack of client communications, include:**
   a. **Insufficient (non-existent) pain management and lack of a multi-modal anesthesia protocol**. After his license suspension in 2018 and subsequent reinstatement on a probationary status in 2021, Dr. X reported to the State Board that he would not carry opioids or other pain drugs. However, even if this is the case, pain management intraoperatively, once the puppies were determined to be non-viable, could have been provided and should have been achievable with the use of non-opioid choices such as via a CRI (constant rate infusion) of lidocaine, dexmedetomidine, or ketamine. Another option would have been an epidural block pre-operatively to provide anesthesia to the abdominal area.

      This patient underwent the entire procedure without any pain management. She was given a short-acting induction drug only and gas anesthesia. Were he practicing to the standard of care, there is no justification for a lack of proper pain management and multi-modal anesthesia techniques in the presence of non-viable fetuses. This procedure was to save the mother, not the puppies.[8,9,21–25]
   b. **Lack of sufficient anesthesia monitoring and proper documentation.**[9] The veterinarian failed to provide (or likely even use) appropriate anesthesia monitoring forms and monitoring. Was the patient properly pre-oxygenated 5 minutes before induction, given her gravid state

and brachycephalic breed? Were there any problems? What percentage of gas anesthesia was she on? Vitals throughout the procedure? None of this information is evaluated or documented in the medical records.

c. **Lack of IV fluids.**[9,22,25,26] IV fluids support a patient by providing hydration, improved blood volume circulation, blood pressure support, and more. IV fluid therapy during surgery, especially during an emergency surgery, is considered the standard of care.

d. **Failure to perform or offer to run bloodwork** given the duration of labor (what was her calcium? Was she hydrated? Was she anemic?)[24,25]

e. **The veterinarian failed to discuss with the owner possible complications post-operatively**.

f. **The veterinarian's surgical technique is of concern.** Visible blade marks and wounds on several puppies were observed by the owner. The owner took a single picture but witnessed additional potential injuries that weren't photographed. See *Figure 1* below for images of abnormalities in the puppies.

   The owner, understandably upset that none of the puppies were alive, requested to see the puppies, having expected live, not dead puppies. These marks suggest that the surgical technique failed to show regard for the puppies. Poor surgical skills, lack of caring for what happened to them, failure to presume they were alive and provide appropriate resuscitation efforts, and/or simply subpar surgical technique contributed to these abnormalities. Under no circumstances can one justify these marks when performing a C-section properly and to the standard of veterinary medicine today.

g. **The veterinarian's surgical notes and information are subpar.** The surgical notes are few and far between. What steps did the veterinarian take? What did the Dr. find upon opening the abdomen? Did he flush the abdomen before closing? Was there any potential contamination upon opening the uterus? Were any of the puppies viable? Did they attempt resuscitation measures? What did the uterus look like? Was it friable, and was there possible concern for dehiscence (tissue breakdown)? Should the uterus have been removed? If any abnormalities were identified, Dr. X should have discussed findings with the owner intraoperatively to permit the owner to be involved in the medical decisions?

h. **If the vet had any concerns, they were not noted.** If he was concerned, it was his duty to notify the owner and recommend spaying the pet to prevent incisional breakdown, subsequent peritonitis, and critical illness. Were he concerned, he should have written the findings down. Since no concerns were noted, it must be assumed that the uterus was healthy and viable. If Dr. X used proper surgical technique and suturing skills, the uterus would not come apart. However, that is not what happened. In fact, per the surgeon at Cornell University, all three surgical sites dehisced. In his professional opinion, this should never happen. The surgeon has never, nor has the writing veterinarian ever seen this occur in their cumulative years of practice. One site is feasible and could have occurred due to damage that had yet to declare itself. Still, all three areas of dehiscence suggest that either technique was so inferior that the knots didn't hold and or that pathology had been present at the time of the C-section that was ignored. If Dr. X failed to recognize or do anything about a non-viable uterus, choosing to suture it closed rather than remove it, it would not be unexpected to have the incisions break down with subsequent sequelae as occurred in this case.

i. **The veterinarian failed to provide appropriate discharge paperwor**k. (The client reports that he was sent home with no paperwork. However, when Mr. X was finally granted access to his records, there were haphazardly prepared discharges barely legible in the records). No information about milking her or monitoring for signs of mastitis, since there were no puppies to nurse, were documented. No notations about monitoring appetite or other parameters were evident. The veterinarian prescribed non-steroidal anti-inflammatory pain medications (NSAIDs), presumably for postoperative pain management. However, there were no discharge instructions that noted possible side effects, including vomiting, diarrhea, or rarely

blood in the stool, and if she wasn't eating, remained lethargic, or other signs developed, to let them know. Further, this medication must be given when patients are hydrated and should, thus, only be given on a full stomach. This wasn't noted.

7. **The veterinarian declined to provide the owner the patient records unless he had spoken to his lawyer**. Dr. X advised the owner that he would need to consult his attorney before giving records. The owner reports that he was told that if he were to return "to his facility, he was calling the police, and he needed to contact his lawyer as we both knew where this was headed." If one properly maintains their medical records, a veterinarian should have confidence in providing them to the owner without question or concern. The fact that he had concern suggests acknowledgment of an act of omission, sub-standard veterinary care, fault, or other related abnormalities.
8. **The veterinarian practiced poor antimicrobial stewardship.** The patient was sent home on antibiotics. Why? No documentation suggests that antibiotics were warranted unless the veterinarian knew/suspected that the uterus was not viable or compromised. Some veterinarians may give a peri-operative dose of an antibiotic at the time of surgery. However, this wasn't done based on the records.

   There is no medical indication, at least that the medical records provided, that this patient should go home on an antibiotic. If there is an overt uterine infection during C-section or putrefaction of the fetal tissues, a peri-operative dose of an appropriate broad-spectrum antibiotic is warranted. However, oral antibiotics post-operatively are only warranted with presumptively routine C-sections in the presence of gross contamination. The medical records suggest that there was no gross contamination. In fact, the records do not even suggest that the abdomen was flushed after closing and do not note any abnormalities. The record reads as if this were a routine C-section with no complications.[27–30]

   This demonstrates inappropriate antibiotic use and a failure to practice appropriate antimicrobial stewardship.[1,30,31] Antibiotics should be reserved for documented evidence of infection or in select cases where medical evidence suggests it to be used. A presumably routine c-section is not one of those indications. Failure to tell the owner why antibiotics were prescribed, such as abnormalities seen with the uterus, further suggests concerns. Did the veterinarian feel his surgical technique wasn't sterile, there was contamination of the abdomen with uterine contents upon opening the uterus to remove the puppies, the uterus was questionable in viability, and he was concerned about uterine infection? Nothing in the medical record suggests that any of these scenarios are correct. Therefore, there is no medical indication for an antibiotic. Further, it could do harm when unneeded, including negatively affecting the normal gut bacteria, causing GI upset, and using antibiotics could lead to future antibiotic bacterial resistance in this patient. Our veterinary oath states to do no harm.[32]
9. **Previous PA State Board infractions** established a pattern of failing to act in the manner expected of a licensed veterinarian.

   Dr. X's veterinary practices/actions have been brought to the board twice. The first was in 2006, when he was paid to euthanize a puppy. The owner paid for services, thinking her puppy would be humanely euthanized, having suffered a traumatic bite wound and neurological disease at birth and not responding to care to date. Dr. X doesn't note why the owner elects euthanasia vs. therapy but takes the owner's money and agrees to euthanize. However, once the owner has left the practice, staff members want to attempt to save the puppy. While veterinarians and related staff want to save every animal, this isn't feasible. Finances, behavior concerns, infectious diseases, and many other factors affect an owner's decision to euthanize. By not euthanizing, despite attempts to contact the owner, he failed to comply with the constructs of the VCPR. He failed to practice to the acceptable standard of veterinary care and was penalized for his actions. At the time of this infraction, comments were made about the incompleteness of medical records and failure to conform to the standard of care.

   Thankfully, veterinary care has improved dramatically since 2006. Pain management, anesthesia monitoring, and proper medical records are all expected normal standards that Dr. X has demonstrated he continues to fail to adhere to. Today, he is practicing on a probationary license after receiving a suspension and loss of license due to two felony drug-related convictions in 2018. Details of the case can be found on the PA Department of State website. He served his sentence by the court, did mandatory drug testing and continuing education, and requested reinstatement in December 2020.

In March 2021, the board evaluated him for reinstatement and, despite these felony drug-related convictions and previous transgression, elected to reinstate him. This reinstatement was based highly on the fact that the area where he practices is in an underserved community and needs a veterinarian. However, that doesn't negate the concerns that he doesn't practice to the appropriate and acceptable standard of care. Dr. X promised at his 2021 reinstatement hearing that he would "no longer store opiates or any other strong pain medication at his facility." While understandable in the face of drug-related convictions, this promise should not have been made as it suggests that he cannot properly practice multi-modal pain management and provide appropriate anesthesia as recommended by current AAHA, WSAVA, and other guidelines. Thus, by that statement, he agrees to practice substandard medical care and can not appropriately practice veterinary medicine to the standard expected based on medical evidence in 2023's environment.

In veterinary medicine, what is written happens, and what isn't written down cannot be commented on. However, the owner reports that he was told by the veterinarian directly that he didn't wake up when called because he had taken an Ambien®. This was not written in the medical record for understandable reasons. However, given the veterinarian's previous two felony drug-related convictions, previous veterinary license suspension, and current probation status, this speaks to a pattern. Whether Dr. X was operating under the influence cannot be determined now. However, his previous convictions and misconceptions about properly handling and managing controlled drugs speak to a pattern of behavior and judgment concerns. His license has been suspended before. He is currently operating on a probationary license, which is potentially why he failed to provide the owner with the records when asked.

In his court proceedings after the convictions in 2018, Dr. X agreed to only perform continuing education if mandated. Yet, we must complete a set amount of continuing education every two years to maintain our licenses. This speaks to a lack of desire to remain up-to-date and a failure to practice evidence-based medicine. It shows a lack of keeping up with the advancements of the times. In the March 2021 review to reinstate his license, he showed proof of mandated continuing education. Were he a veterinarian with appropriate moral and ethical standards and performing his due diligence, he would complete continuing education regardless of whether required by a court of law or the PA State Veterinary Medical Board.

In the 2018 proceedings, the state board notes that Dr. X failed to provide appropriate medical records and documentation. No recommendations or evaluations were performed pertaining to this aspect of veterinary medicine. Dr. X's records remain atrocious and incomplete, demonstrating a failure to improve his veterinary medicine practice, record keeping, and other practices. As a result, it makes one question what additional corners he cuts or other subpar methods he still continues to use.

Not only are all these factors taken separately, but when you also consider Dr. X's current standing with the Commonwealth of Pennsylvania's Department of State Bureau of Professional and Occupational Affairs and the State Board of Veterinary Medicine, his actions are even more concerning. As a result of the hearings in March 2021, Dr. X's license carries probationary status from September 9, 2021, for a "period of NO LESS THAN THREE (3) YEARS from the date of reactivation from expired status". There has been no further documentation that this status has been changed. Thus, the actions of Dr. X not only demonstrate subpar medical practices but show a repeat pattern of failing to practice to the standard of care, failing to ensure safe and appropriate medical practices, failing to provide proper medical record documentation, and failing to inform and educate clients appropriately.

Dr. X failed the X family on many fronts, starting with a failure to provide appropriate client education regarding pregnancy, whelping, signs of dystocia, and related information. No client communications or handouts were provided/discussed about the birthing process, what to expect, the stages of labor, the duration of each stage, and when to seek emergency care. The owner should never have been advised to contact Dr. X but should have instead been sent directly to an emergency room with the failure of even one puppy to have been delivered within an acceptable timeframe. The staff should all have been properly educated on the normal progression of labor and advised Mr. X to seek emergency care at any time during the communications. **Dr. X then failed the X Family again** by performing surgery using subpar anesthesia practices, continued improper client communications, failing to provide proper pain management and other discretions.

It is for all of the above reasons that I, Erica Tramuta-Drobnis, VMD, MPH, CPH, strongly feel that Dr. X's actions directly led to the dehiscence of the entire uterus, subsequent uterine and abdominal infections (peritonitis), and required hospitalization and ovariohysterectomy (spay – complete removal of the uterus and both ovaries) that followed at Cornell University. It is the opinion of the surgeon who performed the procedure, X, DVM, DACVS-SA, and his surgical resident X, DVM, that a failure of one incision site may occur. Still, for all three to fail is unheard of and leads to significant questions about the surgical technique and overall standard of care provided by Dr. X. In conjunction with continued evidence of a lack of client communication, proper record documentation, poor antimicrobial stewardship, and proper client education, this supports severe concerns for practicing below the standard of care and true malpractice.

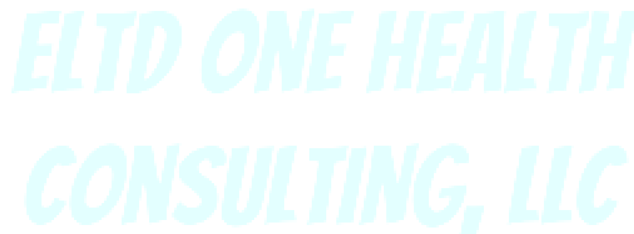
This opinion is subject to modification if additional information is provided; it is for the use of the party requesting the same only and is not for publication without the express permission of the undersigned.

Sincerely,

Erica Tramuta-Drobnis

Erica Tramuta-Drobnis, VMD, MPH, CPH

Animal Health
Environmental Health
Human Health



Figures

Figure 1. Puppies with blade marks/damage. [Photo].Tim Neal. 12/10/23.

Animal Health
ental Health
Human Health

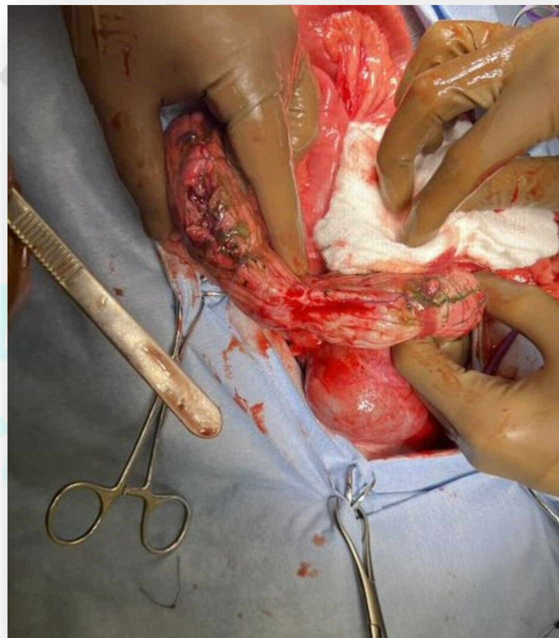


Figure 2 Uterus findings upon opening abdomen. [Photo]. Cornell surgeon. 12/13/2022

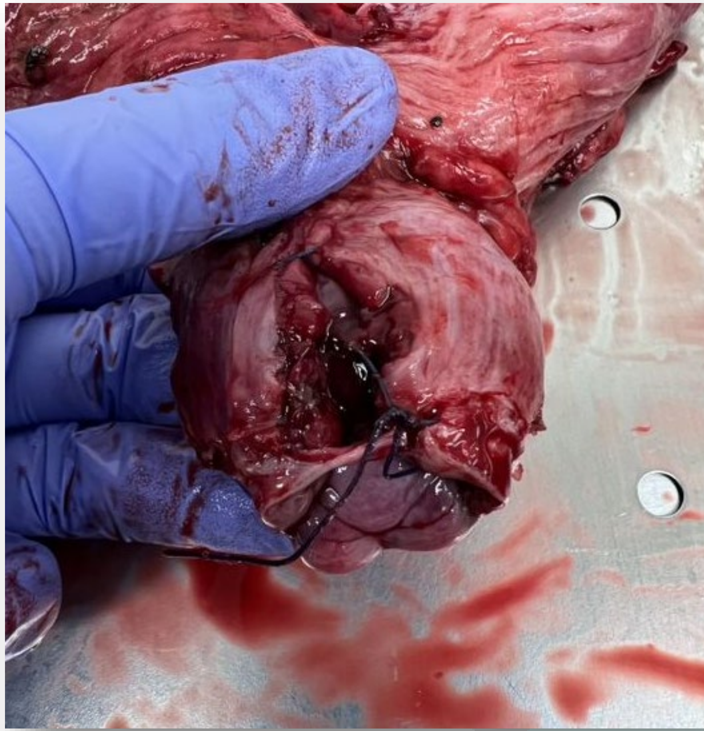


Figure 3. Demonstration of one of the dehisced areas in the uterus. [Photo]. Cornell surgeon. 12/13/22.

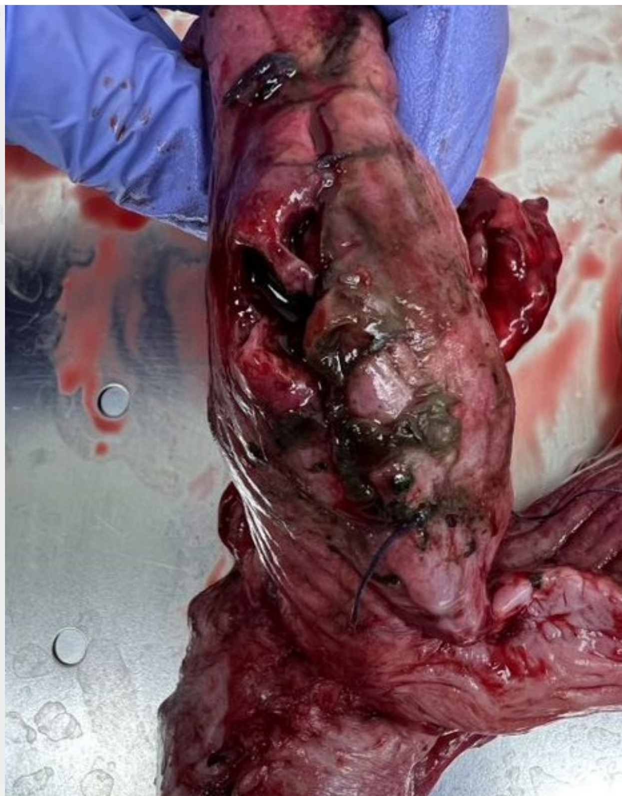


Figure 4. Another opened uterine incision example. [Photo]. Cornell surgeon. 12/13/22.

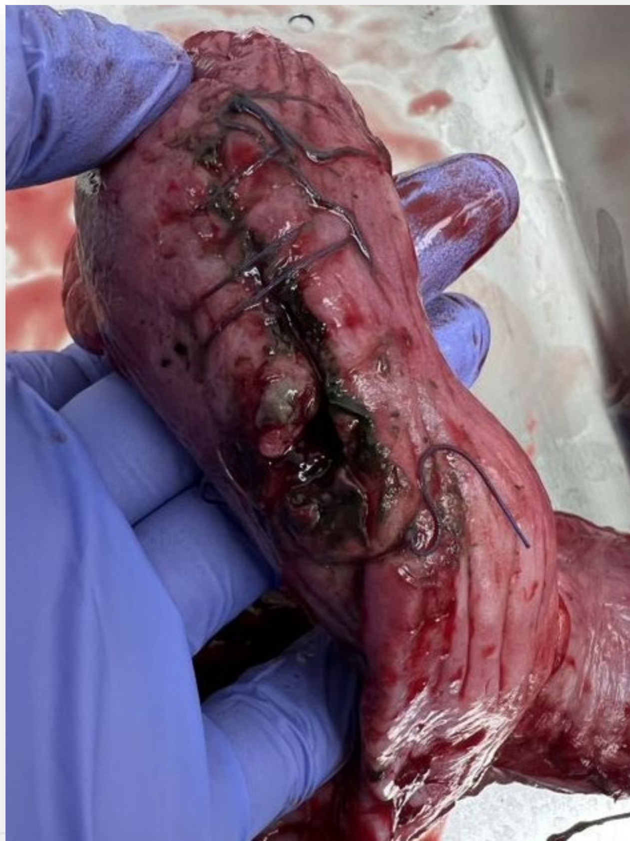


Figure 5. Final dehisced area of the uterus. [Photo]. Cornell Surgeon. 12/13/22.

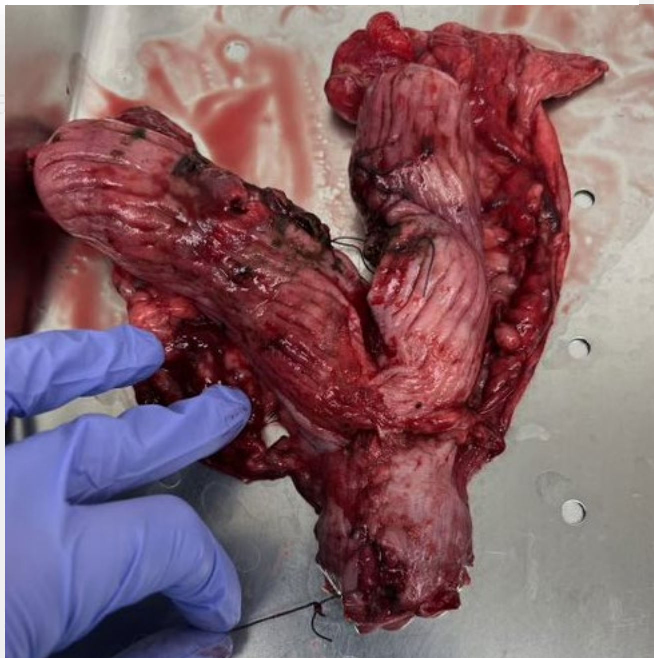


Figure 6. Ex situ full uterus showing severity of damage and rupture. [Photo]. Cornell Surgeon. 12/13/23.

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