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

IN THE MATTER OF:	*	
OLUWASEYI SOBOWALE, D.V.M.	*	**DOCKET NO. 17-53**
LICENSE NO. 5686	*	

* * * * * * * * * * * * *

CONSENT AGREEMENT AND ORDER

This Consent Agreement and Order ("Consent Agreement"), dated this 30th day of July 2019, is between the State Board of Veterinary Medical Examiners ("SBVME" or "Board") and Oluwaseyi Sobowale, D.V.M. ("Dr. Sobowale"), License No. 5686. This Consent Agreement resolves the charges filed by the SBVME on or about January 29, 2019 in Docket No. 17-53, alleging that Dr. Sobowale violated the Veterinary Practice Act , Agriculture Article, §§ 2-301 – 2-316, Annotated Code of Maryland, and related Code of Maryland Regulations ("COMAR") 15.14.01 – 15.14.17 set forth herein.

By letter dated February 5, 2019, Dr. Sobowale, through counsel, requested a hearing. Thereafter, the parties engaged in discussions in an effort to resolve this matter. Ultimately, on July 12, 2019, Dr. Sobowale, through counsel, agreed to waive his right to a hearing in Docket 17-53 and to entry of this Consent Order under the terms and conditions set forth herein.

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 violating the provisions of the Veterinary Practice Act and related COMAR regulations adopted pursuant to 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. Art., §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 lieu of or in addition to suspending or revoking a veterinarian's license, respectively. Md. Code Ann., Agric. Art., § 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, and any history of prior violations, as well as the Board's regulatory civil penalty standards. Md. Code Ann., State Gov't Art. § 10-1001(b); COMAR 15.14.11 (Civil Penalty Standards for Veterinarians).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Oluwaseyi Sobowale, D.V.M., License Number 5686, by entering into and signing this Consent Agreement, while generally and specifically denying liability, 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. Sobowale committed seven violations of COMAR 15.14.01.07 (Professional Judgment and Practice) and violated COMAR 14.15.01.10A (Record Keeping) as follows:

1. At all times relevant to these charges, Dr. Sobowale was a veterinarian licensed to practice in the State of Maryland, where he has been licensed since 2004. Dr. Sobowale has a prior disciplinary history with the Board. In April of 2008, in Docket No. 07-71, the Board issued a Consent Agreement and Order finding a violation of the Board's record keeping requirements and imposing a civil penalty. In July of 2008, in Docket No. 08-12, the Board issued a Letter of Censure involving Dr. Sobowale's record keeping practices. In June of 2009, in Docket No. 08-28, the Board issued a Consent Agreement and Order finding that Dr. Sobowale was guilty of substandard care and record keeping violations arising from his care of a dog. Dr. Sobowale was ordered to pay a civil penalty, serve six months of probation, and complete three hours of continuing education. Dr. Sobowale complied with these terms.

2. At the time of the events described in these charges, Dr. Sobowale was the owner and responsible veterinarian of Croydon Pet Hospital ("Hospital") (License No. 02-070), located at 7746 Ritchie Hwy, Glen Burnie, MD 21061.

3. On Monday, May 8, 2017, Walter Dews, Jr. and Jennifer Long (collectively "Owners") took their approximately 17-month-old spayed female pit bull, "Carlee" (aka "Carleen"), to the Hospital because

she had vomited fluid on Friday May 5, 2017. Additionally, Carlee had not defecated normally in three days. At the Hospital, Dr. Sobowale was Carlee's attending veterinarian.

4. Dr. Sobowale examined Carlee and found her vital signs to be normal. Dr. Sobowale considered differentials, including diarrhea, foreign body obstruction, and colitis. Dr. Sobowale recommended performing an enema and taking ventral and lateral abdominal radiographs for diagnostic purposes. Owners consented to the proposed treatment plan. Dr. Sobowale took radiographs, which Dr. Sobowale interpreted as showing colon inflammation. Dr. Sobowale administered intravenous ("IV") fluids, performed a rectal enema, and discussed the possibility of colitis and foreign body obstruction with Owners. He recommended a follow up appointment and told Owners that if Carlee was not improved in the next few days, he would suggest a barium enema.

5. Carlee was next seen by Dr. Sobowale on May 10, 2017 for a follow-up appointment. At that time, Dr. Sobowale performed additional abdominal radiographs, which, according to Dr. Sobowale, showed that Carlee had inflammation in a loop of the colon, which he believed suggested a blockage. Dr. Sobowale performed a procedure he described as "a barium enema" and recommended that Carlee be brought back the next morning for a repeat examination and surgical exploration.

6. On May 11, 2017, Owners brought Carlee back to the Hospital. Dr. Sobowale performed an abdominal exploratory surgery and a colotomy (a surgical cutting of the intestines) to remove plastic and grass from the abdomen. At the time of discharge, Dr. Sobowale reviewed Carlee's post-surgical care with Owners, and advised them regarding care, medications, and diet.

7. On May 15, 2017, Owners returned to the Hospital because Carlee had developed incisional dehiscence, which is a surgical complication in which a wound ruptures along a surgical incision. Carlee was anesthetized so that Dr. Sobowale could place a Penrose drain and close the incision.

8. On May 18, 2017, Carlee vomited a large amount of food and the Penrose drain was displaced.

9. On May 19, 2017, Carlee underwent another exploratory surgery performed by Dr. Sobowale at the Hospital. As a courtesy, Dr. Sobowale performed this surgery at no charge to Owners. During this surgical procedure, a tear in Carlee's colon was discovered and repaired. According to Owners, Carlee

was discharged by Dr. Sobowale that evening with no drain, no bandages, and no wound dressing of any sort. Owners stated that Carlee had blood and discharge coming out of the wound when they were preparing to take Carlee home, and Owners were concerned. Hospital staff advised Owners that Dr. Sobowale said it was fine to take Carlee home. After Owners returned home, a Hospital staff member called Owners and told them that they should dress and bandage Carlee's abdominal wound, which the Owners did as best they could.

10. On May 20, 2017, at around 6:15 p.m., while they were changing bandages, Owners observed an excessive amount of bleeding coming from the surgical wound. Owners immediately transported Carlee to Anne Arundel Veterinary Emergency Clinic ("AAVEC") (License No. 02-020). Upon presentation, Carlee was actively dripping bloody fluid from the cranial aspect of her abdominal incision.

11. On May 21, 2017 a surgeon at Chesapeake Veterinary Surgical Specialists ("CVSS") (License No. 02-034) performed a colonic debridement and closure surgery on Carlee for a septic abdomen and dehiscence from Carlee's previous surgery by Dr. Sobowale at the Hospital. Fortunately, Carlee made a full recovery.

12. Subsequently, Owners filed a complaint with the Board alleging that Dr. Sobowale provided substandard care in connection with Carlee's diagnosis and treatment which caused Carlee to undergo costly additional surgery and endure unnecessary pain and suffering.

13. As part of its investigation of the complaint, the Board obtained and reviewed the medical records related to Carlee's treatment. The medical records and other investigative materials reveal seven specific deficiencies in the care provided to Carlee as well as deficiencies in Dr. Sobowale's record keeping.

15. Dr. Sobowale misinterpreted the radiographs taken on May 8, 2017 and May 10, 2017, leading him to incorrectly diagnose colonic inflammation and to perform surgery. The radiographs showed no visible obstruction, which means that it was not medically necessary to perform surgery to stabilize the patient. Dr. Sobowale should have considered non-surgical management to allow materials to pass before recommending and performing exploratory surgery.

16. Even if the decision to perform exploratory laparotomy (making a surgical incision into the abdominal cavity for purposes of diagnosing any obstruction) could have been justified by the presentation, during the May 11, 2017 surgery, Dr. Sobowale opted to perform a colotomy to remove non-obstructive materials from the colon. Not only was a colotomy not necessary based on the dog's presentation, but it also carried a higher risk to the patient than an exploratory laparatomy. These risks included development of septic peritonitis and the need for additional surgical procedures. Performing a colotomy was justified only as a last resort and only after due consideration of possible risks. When complications from the first surgery became apparent, Dr. Sobowale should have considered further investigation of the incisional infection.

17. In his response to the Board's questions about the second surgery, Dr. Sobowale indicated that the surgical area was lavaged and several large lap sponges were used to remove fluid. This demonstrates that the peritoneal cavity was inadequately lavaged, because one would have expected approximately 10 L of warm saline to be used for a lavage in this patient.

18. Dr. Sobowale also used epinephrine to control bleeding as reported in the medical record on May 15, 2017, which was medically inappropriate. The use of epinephrine was not indicated under the circumstances of this case.

19. Dr. Sobowale's care further fell below the applicable standard of care when he allowed Carlee to be released from Hospital with an unbandaged, weeping adnominal surgical incision, which left Carlee open to infection and other complications. Moreover, the draining material from an abdominal incision indicates impending dehiscence, and complication should be monitored closely by a veterinarian, rather than by Owners at home. If overnight hospitalization was not available on-site, transfer to an after-hours care facility should have been considered or discussed with Owners.

20. Not only did Dr. Sobowale release Carlee in inappropriate condition, he further violated the standard of care by releasing Carlee from Hospital and placing her in the care of Owners without providing clear and detailed instructions, including instructions for the medications to be administered.

21. Dr. Sobowale also failed to adequately consider and address pain management at the time of discharge for both surgeries, including suggesting other modalities for management of pain. There is nothing in the medical records demonstrating his consideration of pain management, which the standard of care requires. Analgesia management was minimal, as NSAIDs alone would be inadequate for this type of procedure. The low dose of butorphanol given as premedication for the initial procedure would have contributed little analgesia.

22. In addition to the substandard care provided by Dr. Sobowale to Carlee, Dr. Sobowale's medical records are also deficient. COMAR 15.14.01.10A (Record Keeping) requires, for a companion animal, that a veterinarian prepare a legibly written record that accurately and thoroughly reflect the treatment provided. Dr. Sobowale failed to satisfy that standard.

23. In his records, Dr. Sobowale misidentified the first procedure performed, referring to it as a "barium enema." Although the medical records for Carlee's surgery on May 11, 2017, indicate that Carlee received a "barium enema," in fact, the radiographic studies ordered by Dr. Sobowale demonstrate an upper gastrointestinal ("GI") series study was performed. In upper gastrointestinal series examinations, the barium sulfate is mixed with water and swallowed orally and monitored as it moves through the GI tract, whereas in the lower gastrointestinal series (barium enema), the barium contrast agent is administered as an enema through a small tube inserted into the rectum. The misidentification of the nature of the imaging study in the record is not in accordance with applicable standards for medical records.

24. Dr. Sobowale's records for both surgeries also lack factual detail. For both procedures, the records did not adequately describe the procedures performed or the methods Dr. Sobowale used during the surgeries. For the first surgical procedure, performed on May 10, 2017, the records lack sufficient detail from which to determine whether the surgical procedure used was effective or correct. For example, the records do not reflect the suture pattern or the materials used for colonic closure. In addition, there was nothing in the records reflecting what Dr. Sobowale identified in the abdominal cavity that prompted the decision to perform the colostomy. In this surgical report, there was no

indication of the specific procedure(s) performed, the appearance of the small or large intestines, how the incisions were made, where they were made, how they were closed and how the closure was performed. More information about the foreign material removed should have been included in the report, such as how much was removed and a description of the plastic material.

25. With regard to the second surgery, performed on May 15th, there are additional factual deficiencies. The surgical report does not specify the procedure(s) performed, provide an assessment of the appearance of the small or large intestines, and or contain information reflecting the incisions, including how the incisions were made, where they were made, how they were closed, and how the closure was performed.

26. Dr. Sobowale's medical records are also inadequate because they fail to adequately document what, if any, instructions for home care were given to Owners at the time of discharge, including medications to be administered and what, if any, wound care was required.

Taking the facts and circumstances into consideration, including the nature of the violations, the veterinarian's prior disciplinary history at the time of the complaint, the length of time that has elapsed since prior violations, his acceptance of responsibility and remorse for the outcome, and his good faith efforts to resolve 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 this 30th day of July, 2019, by the State Board of Veterinary Medical Examiners, ORDERED that

(a) For each of the seven violations of COMAR 15.14.01.07 (Professional Judgment and Practice), Dr. Sobowale shall pay a civil penalty of $1,000, for a total civil penalty of $7,000 for professional judgment violations;

(b) For the violation of COMAR 15.14.01.10 (Record Keeping), Dr. Sobowale shall pay a civil penalty of $3,000;

(c) The total civil penalty ($10,000) shall be paid by Dr. Sobowale within thirty-six (36) months of the date of this Consent Agreement, and may be paid in installments in accordance with a schedule proposed by Dr. Sobowale and approved by the Board, as long as the full amount of the civil penalty is paid within thirty-six months of the date of this Consent Order;

(d) Dr. Sobowale's license shall be suspended for three (3) weeks, stayed;

(e) Dr. Sobowale shall serve a period of probation of thirty-six (36) months from the date of this Consent Agreement and Order. While on probation, the veterinarian shall obey all laws and regulations governing the practice of veterinary medicine in this State and the conditions of this Consent Agreement. The veterinarian shall promptly respond to document requests from the Board for copies of medical records for Board review to ensure compliance with Board regulations. Violation of probation means that the veterinarian is charged and the Board ultimately concludes that the veterinarian violated the Veterinary Practice Act, related regulations, or the terms of this Consent Agreement during the period of probation. Violation of probation will result in any stay of sanctions being lifted, and the Board ordering the veterinarian to comply with the sanctions;

(f) As an additional condition of probation, Dr. Sobowale shall complete continuing education ("CE"), pre-approved by the Board, as follows:

(i) 12 hours of CE in gastrointestinal surgery/soft tissue surgery;

(ii) 6 hours of CE in diagnostic imaging; and

(iii) The entire Veterinary Medical Records course offered online at www.drip.vet.

The CE shall be completed and verification of completion provided to the Board within thirty-six (36) months from the date of this Consent Agreement. Proof from the CE provider shall include Dr. Sobowale's name, the number of hours of CE completed, the topics covered, and the dates the CE were given. This CE will **not** be counted towards

the 18 credit hours of CE required annually for re-registration of the veterinary license and the Board may audit CE records for relevant years to verify full completion of the CE required annually for all veterinary practitioners as well as the CE provided for in this Consent Agreement; and

(g) If Dr. Sobowale successfully and satisfactorily completes all other requirements of this Consent Agreement before the period of probation has ended, he may file a written petition with the Board to reduce the period of probation. The decision whether to grant Dr. Sobowale's petition will rest within the discretion of the Board, with no right to a hearing or appeal.

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this 30th day of July, 2019.

STATE BOARD OF VETERINARY
MEDICAL EXAMINERS

Heather Hendler, V.M.D.
Vice-President
State Board of Veterinary Medical Examiners
Maryland Department of Agriculture

CONSENT

I, Oluwaseyi Sobowale, D.V.M., 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 over this matter to issue and enforce this Consent Agreement. In order to resolve this matter, I agree to accept and submit to the foregoing Consent Agreement, consisting of ___ pages. I sign this Consent Agreement without reservation as my voluntary act and deed after having had an opportunity to consult with counsel, and I acknowledge that I fully understand and comprehend the language, meaning, and terms of this Consent Agreement.

7/17/2019.
Date

Oluwaseyi Sobowale, D.V.M.

NOTARY

STATE OF Maryland
CITY/COUTY OF Anne Arundel

I HEREBY CERTIFY that on this 17 of July, 2019 before me, a Notary Public of the City/County aforesaid, personally appeared Oluwaseyi Sobowale, D.V.M, and made oath in due form of law that the foregoing Consent Agreement was his voluntary act and deed.

AS WITNESS my hand and notarial seal.

Notary Public
My commission expires: 12/16/2020

RASHAAD HARRIS
Notary Public
Anne Arundel County
Maryland
My Commission Expires Dec. 16, 2020