

# Maryland Mandatory Reporting Law

Melinda Merck, DVM  
 Veterinary Forensics Consulting  
 Austin, Texas

01. The purpose of this chapter is to protect animals that are suspected to be victims of cruelty by encouraging veterinarians to report **suspected** animal cruelty, including animal fighting

03.C. A veterinarian who reports, in good faith, a suspected incident of animal cruelty is immune from any civil liability that results from this report

MD Board of Vet Med Examiners: Chapter 15

A veterinarian **should** do the following, if a case of suspected animal cruelty is presented:

- Note the condition of the animal upon presentation in the animal's treatment record;
- Note the basis for suspecting cruelty in the animal's treatment record; **and**
- Promptly report the suspected instance of cruelty, including animal fighting, to the appropriate local law enforcement or county animal control agency.

Board: maintain list of agencies to report to

Chapter 15 – 03: Reporting Procedure

(a) Overdriving, overloading, torturing, tormenting, or cruelly beating an animal, depriving an animal of necessary sustenance, or causing, procuring, or authorizing these acts;

(b) Inflicting unnecessary suffering or pain upon an animal, or unnecessarily failing to provide an animal with nutritious food in sufficient quantity, necessary veterinary care, proper drink, air, space, shelter, or protection from the weather;

Chapter 15 – 02. Definitions of Animal Cruelty

(c) Using or permitting to be used any bird, fowl, or cock for the purpose of fighting with any other animal, which is commonly known as cockfighting; or	(d) Using or permitting to be used any dog for the purpose of fighting with any other animal.
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Chapter 15 – 02. Definitions of Animal Cruelty

## Reporting Suspected Abuse: A Roadmap for Maryland Veterinarians

Dr. Melinda Merck  
 Veterinary Forensics Consulting, LLC  
 Austin, Texas


## Why is it important to report?

- Animal abuse should be considered an indicator of other problems in dysfunctional and violent households. (Arkow 1995)
- EVERYONE, human and animal, is at risk now... and in the future



## Link to Criminality

- DV: Link with animal cruelty and sexual abuse
- 90% of animals in DV homes threatened, injured or killed
- Juvenile drowning of animals and sex with animals greatest predictors of becoming adult sexual offender
- 5x more likely to commit violent crimes
- Tracked by FBI/BAU



## Animal Abusers


- Can be anyone – men, women, children, all professions, no socioeconomic class
- Long term clients regardless of history: life changes
- Hoarders: predisposing factors, can become hoarder later

## Cruelty in the Practice Setting

- Most common type of cruelty: neglect
- Most common source of physical abuse: Domestic violence
- Abuse most commonly missed: sexual abuse
- Cause of blunt force trauma commonly missed
- Most common failures: not reporting, failure to document, photograph

## Determining Non-Accidental Injury

- Index of suspicion: when exam findings not supportive of history, investigation, crime scene findings, environment/husbandry
- Context important
- Rely on experience of findings in accidental or natural (disease) causes
- NAI should always be on R/O list



## Suspicious Indicators

- Most pathognomonic feature of physical abuse: repetitive injuries
- Multiple stages of healing, medical history
- History: unexplained symptoms/injuries, similar injuries other animals, unexplained deaths or disappearance
- List of animals in same home only seen once at vet; pets never live long or always 'run away'

### Suspicion: Domestic Violence

- Client behavior, client or child injuries, history taking can provide clues
- Physical and emotional abuse of animal
- Wide range of potential injuries – Reisman research
- Can be subtle, hard to detect – perpetrator doesn't want to get caught
- Afraid of telling partner cost of care, potentially paralyzed in making decisions
- Animals 'run away', rarely older than 2-3yrs old

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### Special Considerations for Emergency Hospitals

- Client avoidance of regular veterinarian
- End of client work day – evening discovery of pet issues
- Late night and weekends: higher drug and alcohol consumption
- Lack of knowledge of patient and client history
- Rapid pace can make determination of accidental vs. non-accidental difficult

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### Animals At Risk



- Dogs and cats < 2yrs old
- Younger: harder to manage, aggravating, destructive – risk from owners, neighbors
- Older: human-animal bond?
- Male dogs: more aggressive, preferred by violent offenders
- UK: Staffordshire bull terrier, SBT cross, mixed breeds

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### Feline Cruelty



- Greater likelihood of death than abused dogs, including hoarding
- Greatest variety of cruelty inflicted- multiple methods
- Most frequent target of all abuse:
- Burning, fractures, torture, beating, mutilation, suffocation, drowning, thrown (general, from height)

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### Handling Suspected Abuse Within Your Hospital



- Munro study
- Suspicion vs. proof
- Report as soon as you suspect
- Purpose - investigation
- Separate animal from owner, call authorities
- Have an SOP

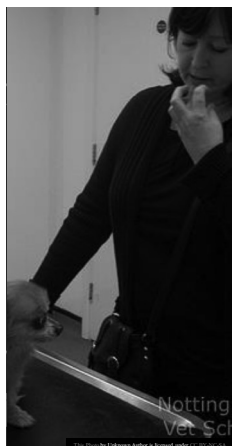
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### Handling Abuse: Taking History



- Owner or someone close may be abuser
- May discuss possibility of abuse but avoid accusations
- May be reluctant to give details
- Document all statements made and who witnessed
- Use appropriate Intake Form: [www.veterinaryforensics.com](http://www.veterinaryforensics.com)

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### Discussion with Client

- Gentle, kind, non-confrontational, non-judgmental
- Make it about the animal – need info to treat, diagnose
- Often multiple discussions as you conduct exam, diagnostics
- Have private area for client to wait, discussions
- Express concern for animal and client
- Investigator present may be ideal - can help explain why you had to make the call; they are the experts in managing situations

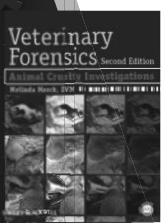
Nottingham Vet Sci  
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### Handling Abuse cont.

- Get updated contact info, DL, vehicle info
- Performing diagnostics – reasonable or non-invasive
- Gray areas: Neglect/failure to provide care/comply with medical recommendations, delay of euthanasia
- Concerns: retaliation, loss of clients, costs


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### Documentation

- Forms – in textbook, ebook
- Intake form- record packaging, method of arrival, case info, materials provided
- Exam forms, diagrams
- Evidence-Chain of Custody log
- Photo log

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### Preparation for Examination

- Animal is part of the crime scene
- Need to anticipate and prepare for documentation, evidence collection
- Avoid initiating treatment that can compromise evidence
- Photos: entire animal, areas of interest, before and after treatment, whenever things change, with and without photo scale

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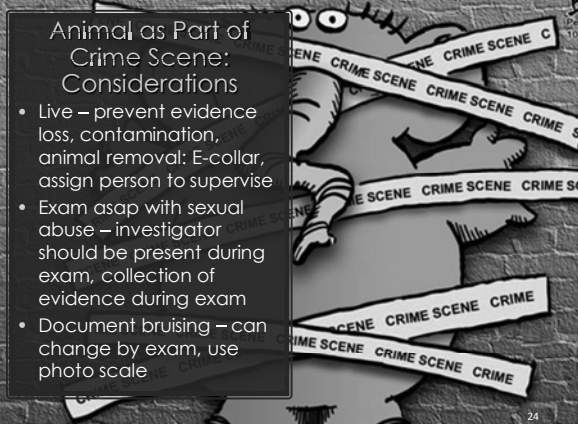


ABFO No. 2

### Photo Scales

[www.csigizmos.com](http://www.csigizmos.com)


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### Animal as Part of Crime Scene: Considerations

- Live – prevent evidence loss, contamination, animal removal: E-collar, assign person to supervise
- Exam asap with sexual abuse – investigator should be present during exam, collection of evidence during exam
- Document bruising – can change by exam, use photo scale


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### Standard Operating Procedure for the Hospital

- Create reference binder with info:
- Agency(s) responsible for investigating cruelty: contact info, after hours contact, reporting and response protocol
- Establish relationships early:
- Cruelty officer(s) name: wk and cell#, hrs avail
- Cruelty prosecutor/solicitor: name, contact info

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### SOP cont.

- Chain of command within hospital for authorization/approval to report – should not result in delay or actions that would jeopardize animal or case
- Action protocol - live and deceased
- Evidence protocol: documentation, chain of custody, photographs, records, reports, diagnostics
- Responsible party for costs – discuss prior

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### SOP cont.

- Include animal cruelty laws, practice act: mandatory reporting, liability/immunity, record confidentiality
- Have investigator and prosecutor come to hospital and explain laws, their protocols, legal requirements for your protocols, financial responsibilities, train
- Training of all staff
- Confidentiality doc for staff to sign

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### Special Considerations: Emergency Hospitals

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Issue when client refuses treatment and wants to go to regular veterinarian next morning

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Policy: will call to confirm patient seen, if not report to authorities

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Evenings and weekends: who do you call?

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Consider training for handling volatile situations especially for person under the influence

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### Special Considerations: Large Animal and Equine Practitioner

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Concerns about loss of clients

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Some types of cases will not be an issue

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Neglect can be the most difficult

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Consider working with colleague with different clients to do cruelty cases

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### Case Confidentiality and the Media

- Part of an exclusive, new team – hard to be accepted, easily removed
- Confidentiality – who can you talk to?
- Staff – who can you trust?
- Bias and jury pool contamination issues
- All electronic communication: subject to discovery



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### Confidentiality

Media interviews – must be authorized/controlled by lead agency (investigation or prosecution side)

All photos of animals – EVIDENCE

All videos of animals – EVIDENCE

NO Social media

Prior interviews & postings will be discovered...



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### Cruelty Commonly Seen

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### Hidden Findings with Abuse: Considerations

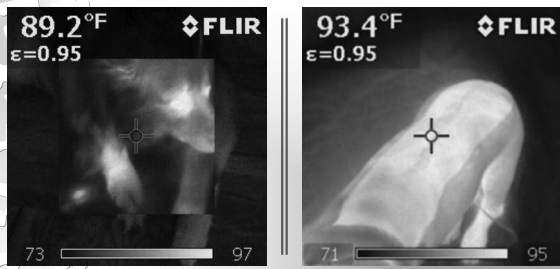
- Do not bleed much from skin, lack of detectable bruising
- Time lapse for bruising to be seen – indicator of significant trauma, R/O clotting disorders
- Will not lift tail if rear injury, may walk on fractured leg
- Undetected fractured rib(s)
- Evidence inside ear, eye
- Often BFI assoc w/other types of abuse

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### Blunt Force Trauma

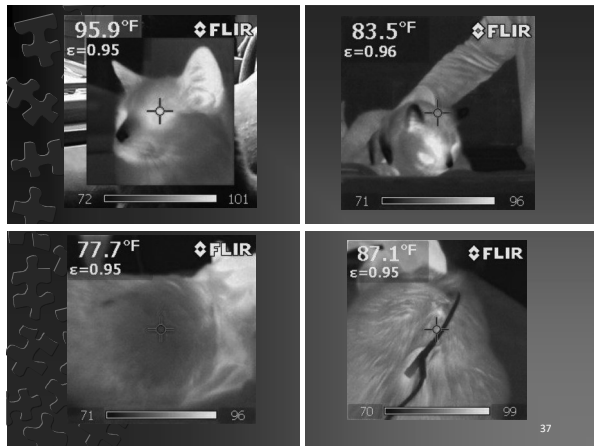
- Head Trauma
- Fractures
- Skin bruising – significant hemorrhage
- Subcutaneous bruising
- Deep tissue injury
- Muscle Injury – Increased CPK
- Pain
- Nothing
- Thermal imaging - FLIR Camera

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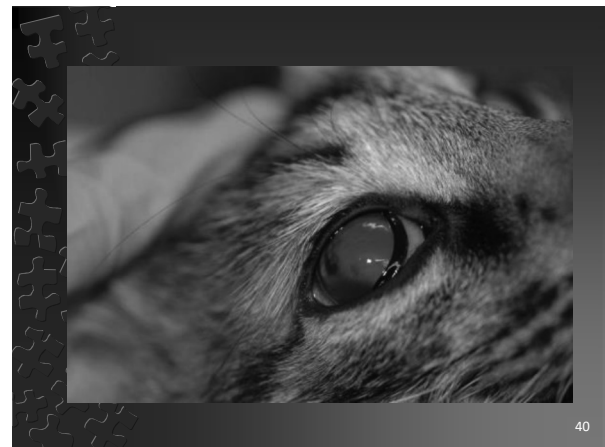


### Thermal Imaging

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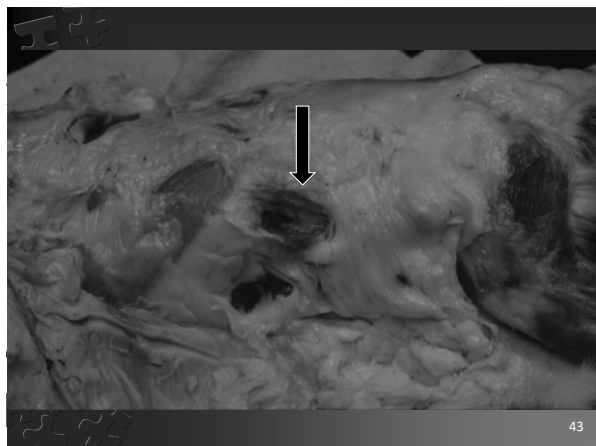
- Anterior uveitis, blood clots
- Luxated lens
- Fundic Exam
- Bruising of sclera, conjunctiva



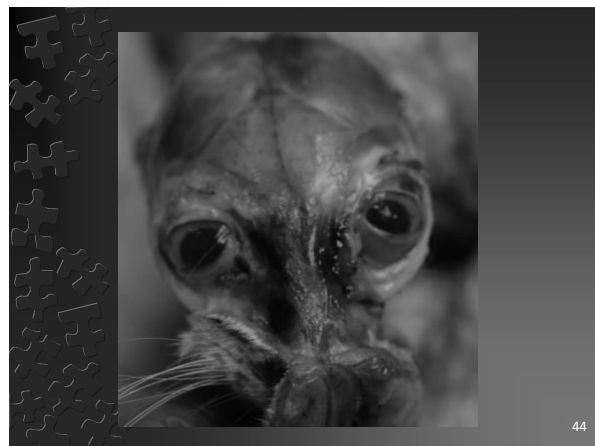
- Petechial hemorrhages of pinna with direct blow
- Petechial hemorrhages on the ear canal lining not seen in human head trauma
- Blow to base of ear can cause ruptured tympanic membrane, frank hemorrhage

### Contusions

- More common in the deeper tissues
- Reflect skin on entire body and muscle layers
- Histopathology to determine vital reaction – alive, age injury
- Estimate number of impacts, diagram
- Defects in deeper tissue w/o perforating skin



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### Fractures



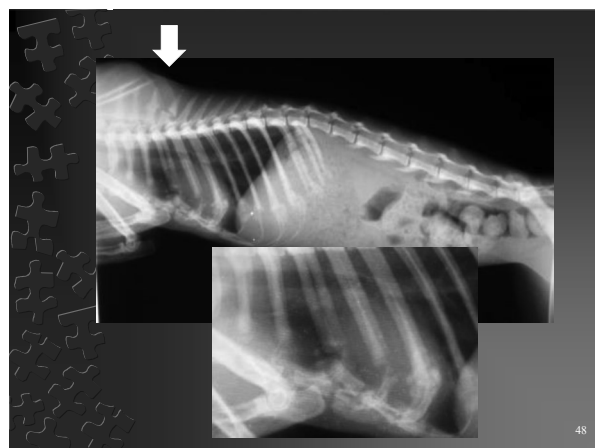
- Radiograph most cruelty cases, especially BFT to look for acute, older, and hidden injuries
- Associated soft tissue injury helps determine impact site – contusions, lacerations, abrasions, swelling from underlying hemorrhage
- Surgery may provide more info
- Consider forces required and compare to findings in known accidental causes (e.g. MVA, falls)

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### Bone Injury

- Considerations: bone type, density, growth plate closures, fracture location, age and size of the animal
- Transverse fx = perpendicular force
- Oblique = direct compression
- Spiral fx = rotational force
- Butterfly fx = point of V indicates directionality
- Broad weapon vs. narrow – force displacement
- Pelvic ring fractures – high energy force required
- Dislocated hip w/caudal displacement
- Dislocated elbow with intact anconeal process

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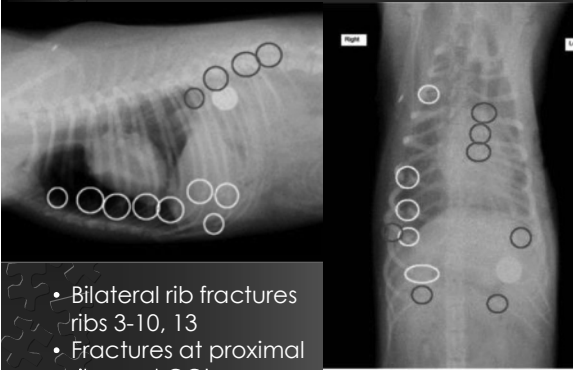
Can be hard to detect on radiographs; may need to do multiple views

Necropsy/palpation-healing tissue

Determining cause: consider forces, size/age of animal, alleged weapon or events

## Rib Fractures

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- Bilateral rib fractures ribs 3-10, 13
- Fractures at proximal ribs and CC's

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### Motor Vehicle Accident Injuries

- Depends on where hit, speed of vehicle, secondary impacts
- Body tossed into air, rolled, run over, dragged
- Dirt and debris on fur COMMON
- Skin abrasions: lateral on down side, medial on upper side; may have bilateral medial if rolled or dragged embedded dirt and debris
- Frayed nails
- Contusions
- Fractures – depends on species, impact site

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## MVAs

- MO Study: 80% struck on left side in US
- Theory get hit when crossing first lane and decreased driver reaction time
- Coup-contracoup effect with middle lung lobe collapse: heart impacts left thorax and bounces into right middle lung lobe causing contusions and/or collapse



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600 dog study: 31% superficial injuries; remaining – 87% skeletal (pelvis fx most common), 27% ST injuries (liver most common); multiple areas of injury in 36%

100 dog study: 31 pulm contusions, 21 pneumothorax, 20 pelvic fx, 10 head injury, 7 hip joint luxation, 5 spinal injury, 5 hemothorax, 1 retroperitoneal injury

**Rib fractures uncommon!**

## MVAs

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### Neglect: Considerations

- PUBLISHED - Farm Animal Council (Europe 2009), Sheltering Guidelines (ASV 2010): Five Freedoms of Animals: freedom from hunger and thirst; discomfort; pain, injury and disease; express normal behavior; from fear and distress
- Numerous animal welfare publications
- Suffering

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## Neglect


- Hoarders, Animal-rescue hoarders – how handle
- Non-compliance: gray area for vets
  - Failure in communication?
  - Finance issue?
- Need to document communication, issues in record. Consider having owner sign medical plan
- Continual failure to provide for animal should be reported
- Questions – call investigator to discuss



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## Starvation

- Food deprivation, poor quality food, inappropriate food, intermittent feeding, lack of appetite
- Often dehydrated
- Diagnostics: blood, urine, fecal, radiographs
- Document: wt, response to food/water,
- Emaciation ≠ starvation



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Bloodwk asap: +/-  
 ↓Glu, ↑CPK, ↑Mono,  
 ↑ALT, ↓RBC, +/- ↑Phos,  
 +/- ↑WBC, ↓↓Azo


Inanition – going  
 without food 4-5 days:  
 slightly ↑ T bili, +/-  
 slightly ↓ Ca, slightly ↑  
 AST

Histopath: small intestinal  
 crypt ectasia, serous  
 atrophy of fat – deep  
 organ, coronary groove,  
 omentum

## Lab Tests

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## All postmortem exams: make sure reflect the skin



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## Bone Marrow Fat Analysis

- In starvation consume expendable fat stores first, vital last: external, internal thoracic/abdominal, deep organ fat, bone marrow
- BMFA postmortem: histopath assessment, laboratory % test
- Normal: >80% (range 63-101%)
- Severe emaciation: <20% (range 1-20%)

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Normal BMF % does not R/O starvation – death can occur prior

Low BMF % should ALWAYS be interpreted consideration case and exam findings


Decomposed: if enough BM present, can run test; cool/cold temps preserve BMF (burials, freezing body)

**BMFA cont.**

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### Sexual Abuse


- Questions: how assaulted, with what, conscious, restrained, history? First time, multiple times? Other animals involved?
- Other people? Group? Sharing of pets?
- Domestic violence related – NZ Pets as Pawns
- Pet Abuse.com – 25% of sexual abuse cases DV related (since 2000; posted 2015)
- Associated with child sexual abuse, child porn
- Wide variety of animals used: dogs, cats, farm animals, poultry, small rodents



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### Suspicion: Sexual Abuse

- Unexplained medical issues or trauma involving genitalia or anorectal areas
- Bruising: genitalia, perianal, grab or restraint areas – thighs, ventral/lateral abdomen, caudal chest, neck, muzzle, ears
- Unexplained chronic vaginitis, rectal bleeding, rectal/vaginal prolapse, strictures
- Proximal tail injury, flaccid tail
- Abnormal behavior or reflexes during exam



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### Examination Considerations

- Ideally investigator present during exam and evidence collection
- Consider context, known or alleged events based on investigation findings
- Consider anatomical disparity – inability for full penetration
- Examine for physical signs of chronic abuse
- Painful defecation, bloody stool, rectal bleeding/trauma, constipation, scar/strictures, evidence of chronic inflammation, unexplained vaginal/rectal prolapse, foreign bodies, vaginal nodules, vulva/vaginal/cervical bruising/trauma
- Colonoscopy may be indicated
- Radiographs

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**BFT**

Restraint injuries – head, neck, legs, torso

Abnormal behavior during exam

Internal injuries

Injuries to body, muzzle, ears, neck, tail, anorectal region and genitalia related to restraint, blunt forces, penetration - bruising, abrasions, lacerations, fractures/dislocation

**Examination Considerations**

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### Examination Considerations

- Unexplained chronic or refractory vaginitis
- Cellulitis- muzzle, neck, ears
- Bruising pattern – medial thighs, grab areas
- Hyper-reflexive anal tone
- Flaccid tail
- Possible attempted asphyxia (partial, repetitive) – look at eyes, mouth, neck
- Drug testing – anxiolytics, sedatives, tranquilizers, illegal substances: human, animal drugs

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### Munro Survey of Veterinarians

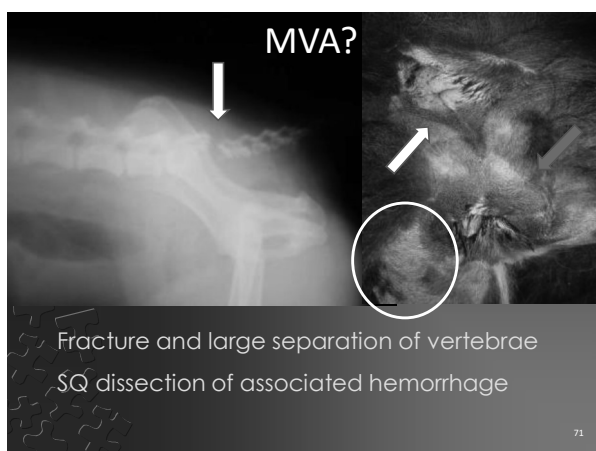
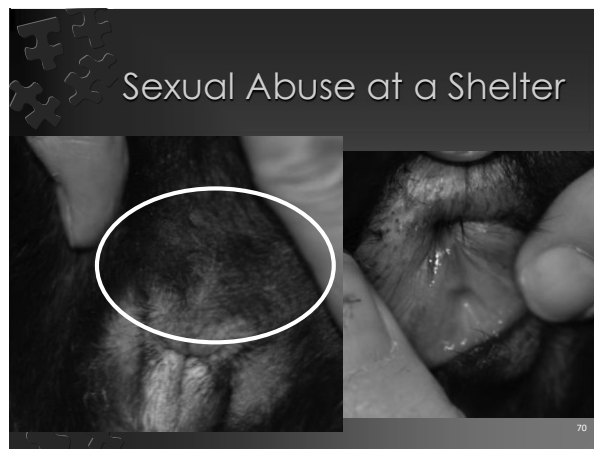
- Vaginal trauma, vaginal hemorrhage, recurrent or refractory vaginitis, knife wounds in the vagina, uterine tears near the cervix, cervical scarring, uterine or peritoneal hemorrhage, necrotic anal mucosa, anal dilation, anal tears, ligature around the genitalia, necrosis of the scrotum or testicles w/o ligature present, castration
- Penetrating wounds around the anus, vulva or perineal area; intrauterine, intracervical or vaginal foreign bodies (candle, knitting needle, sticks, broom handle, tampon)

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### Behavior Analysis

- Apparent compliance
- Hyperarousal
- Training involved
- Video taping exam
- Review of video tapes made by defendant

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### Differentiation of Canine and Human Sperm

Test	Canine	Human
Size and Shape	Head size appx 7 x 4 µm, dimple on head posterior where human neck-piece would normally be located	Head size average 4.6 x 2.6 µm
Christmas Tree stain	Acrosomal cap pale red, postacrosomal region red, with a colorless band between the two	Postacrosomal region dark red
H&E stain	Acrosomal cap pale purple fading to colorless at the tip, postacrosomal region pale purple and darker at the posterior	Acrosomal cap very pale purple, postacrosomal region dark purple, with a clear demarcation line between the two
Acid phosphatase	Negative	Positive
Anti-p30	Negative	Positive

Source: Schudel, David. 2001. Screening for canine spermatozoa. *Science and Justice*, 41(2):117-119.

### Question: Did the animal suffer?

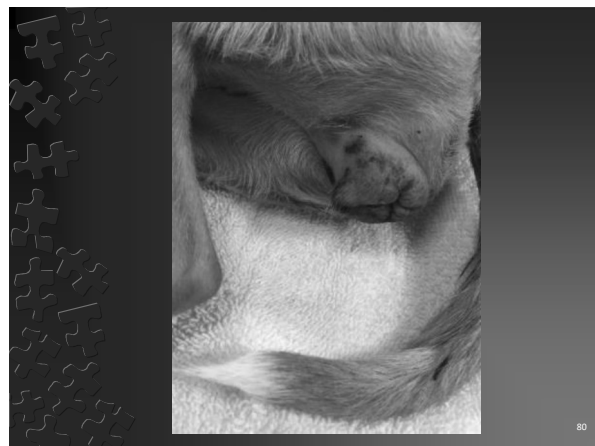
- Compare to what we know in veterinary medicine
- Sedation/anesthesia required for normal vaginal exam
- Pain when perform digital rectal exam – restraint required
- Normal anal tone vs laxity vs hyper-reflexive

### Palm Beach Case: Male GS

- Warrant – Child pornography
- Video – what does indication of compliance imply?
- Review for resistance
- Initial exam findings
- Exam recreation
- Older German Shepherd – significance?

### Possible Sexual Abuse Case

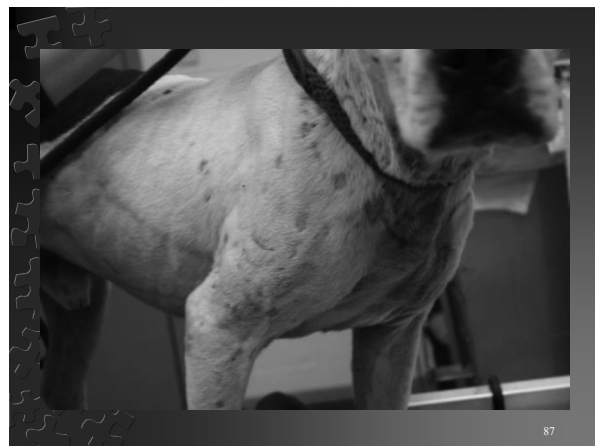
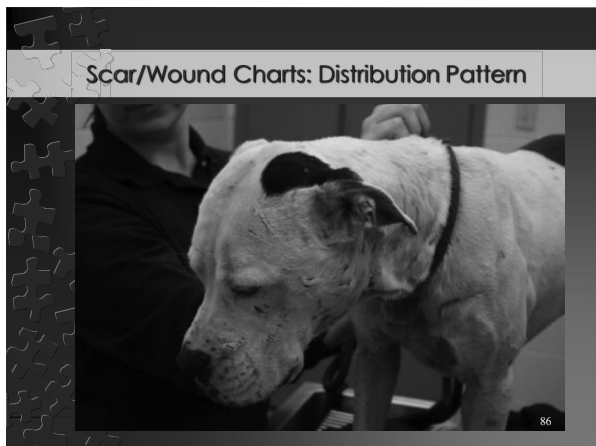
- Two men got into fight and one male threw an adult Chihuahua from 2<sup>nd</sup> floor balcony
- Female owner and two men live in apt.
- Fx of distal R radius and ulna; chin/leg abrasions
- Bloody vaginal dischg consistent w/heat
- Negative UV light exam, vaginal cytology, radiographs, foreign hairs or fibers
- Vaginal exam: bruising extending inside 1 inch



Assessment?

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- Suspicion:  
Dog  
Fighting**
- Patterned scar and/or wound pattern
  - Request for severe ear crop
  - Evidence of ear crop not performed by vet
  - Osteomyelitis, fractures associated with puncture/bite wound or scar: legs, joints, muzzle
  - Injuries to face: eyes, ears, lips
  - Intact dogs
  - Pressure callus/sores: contact points of pelvis, legs – clues to environment
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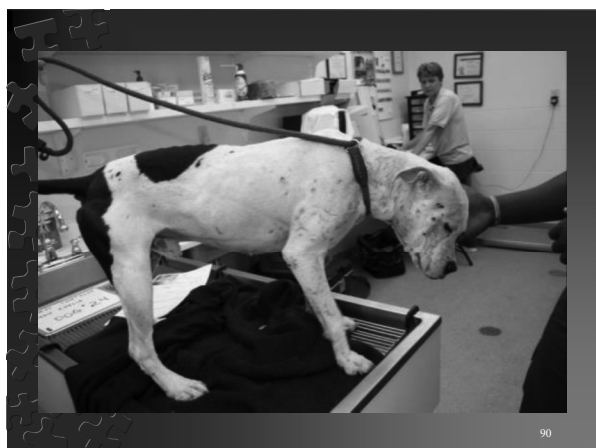
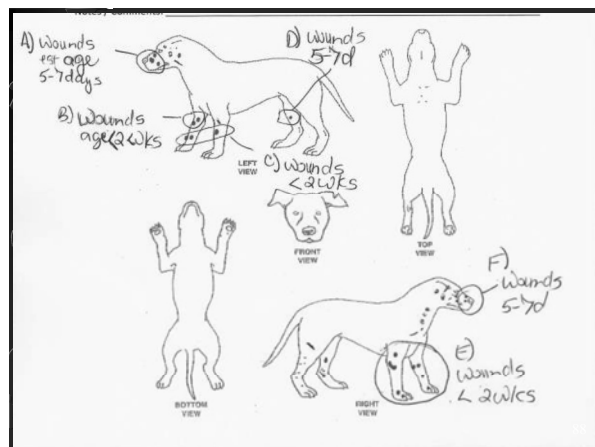


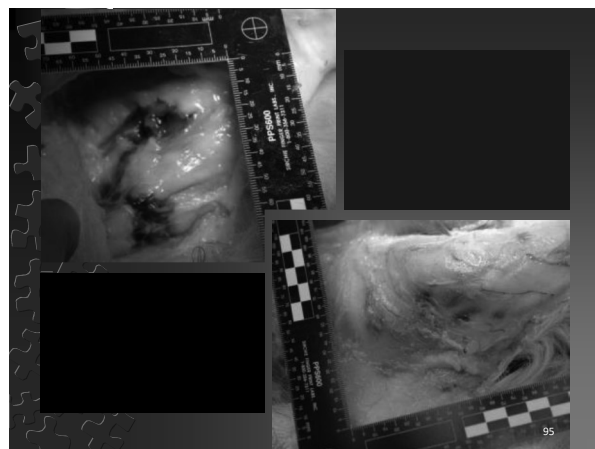
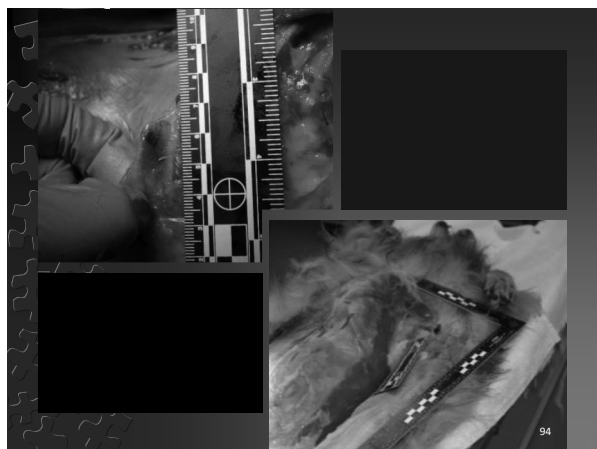
**Dog Fighting Scar and Injury Chart**

Date: \_\_\_\_\_ Investigating Agency: \_\_\_\_\_  
 Case: \_\_\_\_\_ Office: \_\_\_\_\_ Veterinarian: \_\_\_\_\_  
 Dog ID: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Distinguishing Marks: \_\_\_\_\_ Chart created/verified by: \_\_\_\_\_  
 (Red ink) Red ink, healing, Blue ink, scars  
 (Blue ink) Wound Age Estimate (Completed by veterinarian)  
 A+ \_\_\_\_\_ B+ \_\_\_\_\_ C+ \_\_\_\_\_ D+ \_\_\_\_\_ E+ \_\_\_\_\_

- Red pen for wounds
- Blue pen for scars
- Do not use black pen
- Generalities of wounds/scars, not exact numbers
- Purpose to show distribution
- This document only for injuries related to fighting

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## Summary

- Fresh blunt force trauma all over the body
- Severe along the back
- Severe to lower spine/abdomen
- Older injury carpus
- Must reflect skin to determine all injuries
- Histopath –Confirmation
- Arrest warrant...



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QUESTIONS?????

all you have on me is circumstantial evidence. it's not like you have pawprints to compare.

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Dr. Melinda Merck  
catdvm@drmerck.com  
cell 678-773-8014

Forms and Resources:  
[www.veterinaryforensics.com](http://www.veterinaryforensics.com)

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