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STATE OF WISCONSIN
BEFORE THE VETERINARY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
ANNAMARIE DITTMAR, D.V.M.,	:	LS0902111VET
RESPONDENT.	:	

[Division of Enforcement Case #'s 04 VET 034/05 VET 043/07 VET 005/07 VET 041]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Annamarie Dittmar, D.V.M.
118 S. Webster Street
Port Washington, WI 53074

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Veterinary Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Wisconsin Veterinary Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Annamarie Dittmar, D.V.M., Respondent herein, whose date of birth is December 8, 1954, is duly licensed by the Wisconsin Veterinary Examining Board to practice veterinary medicine in the State of Wisconsin pursuant to license number 2196, which was first granted on June 17, 1981.

2. Respondent's last address reported to the Department of Regulation and Licensing is 118 S. Webster Street, Port Washington, WI 53074.

3. At all times relevant to this action, Respondent was working as a veterinarian at Port Veterinary Clinic in Port Washington, Wisconsin.

COUNT I (04 VET 034)

4. In February 2000, Annette Petrowsky presented at Respondent's clinic with her then 3-year-old female cat for evaluation of lethargy and inappetence. After examination, a relief veterinarian diagnosed an asymptomatic cardiac murmur. A chemical panel/CBC was noted as normal.

5. On March 16 and 18, 2004, Respondent diagnosed the Petrowsky cat with a sinus infection and feline asthma. No cardiac murmur was noted at that time. Respondent did not confirm her diagnosis of asthma by radiograph.

6. On July 26, 2004, the Petrowsky again presented at Respondent's clinic for evaluation of breathing difficulties and inappetance. Respondent diagnosed and treated Melissa for feline asthma due to sinusitis. No cardiac murmur was noted at that time. Respondent provided a single dose of an injectable antibiotic but no further antibiotic course.

7. On July 28, 2004, Respondent evaluated the Petrowsky cat for inappetance and an episode of fast abdominal breathing and panting. Respondent noted mild fluid rales in the chest and mostly harsh lung sounds. No cardiac murmur was noted. Respondent diagnosed Melissa with feline asthma and COPD and gave the cat one dose of Equipoise.

8. On July 30, 2004, Respondent again evaluated the Petrowsky cat for continuing inappetance. On examination, Respondent noted harsh lung sounds which had increased dorsally and abdominal breathing. Respondent diagnosed COPD. Respondent ordered laboratory work and treated Melissa with diazepam and furosemide. Respondent noted that Ms. Petrowsky's description of symptoms did not match the cat's presentation at the clinic because Ms. Petrowsky said the cat was worse at home. Respondent noted that smoking in the home may be an environmental factor. Respondent did not recommend radiographs of the cat's heart and lungs to further evaluate the cat's worsening condition.

9. On July 31, 2004, Ms. Petrowsky took the cat to another veterinary clinic for evaluation. At presentation, Melissa was in obvious respiratory distress. Auscultation of the thorax revealed poor heart sounds and wet lungs. An x-ray and testing indicated heart failure with a poor prognosis. Melissa remained at the clinic for treatment and despite mild improvement in clinical signs, was found dead the next morning.

10. Respondent failed to properly evaluate and treat the Petrowky cat in the following respects: Respondent failed to offer evaluation of the asymptomatic cardiac murmur by radiograph or referral at the February 2000 visit; failed to confirm the diagnosis of asthma by radiograph at the March 2004 visits; failed to provide an adequate antibiotic course at the July 26, 2004 visit; failed to recommend radiographs of the cat's heart and lungs as the cat's condition continued to worsen in July, 2004.

COUNT II (04 VET 034)

11. On January 2, 1997, Ms. Petrowsky presented at Respondent's clinic with her neutered male cat to Respondent for evaluation of the cause of the cat's weight loss. On examination, Respondent noted that the Petrowsky cat was dehydrated and had ocular and nasal discharge. Respondent did not determine and record a weight for the cat. Respondent treated the cat for tapeworms and an upper respiratory infection.

12. On October 15, 1997, Ms. Petrowsky again presented her male cat at Respondent's clinic for evaluation of coughing and an ocular discharge. Respondent again treated the cat for tapeworms and an upper respiratory infection.

13. During the January 2 and October 15, 1997 visits, Respondent did not recommend laboratory/blood work for further evaluation, did not evaluate the cat for internal parasites and did not recommend a test for feline leukemia.

14. On July 27, 2004, Ms. Petrowsky again presented her male cat at Respondent's clinic for evaluation of symptoms of sneezing and nasal discharge. Respondent noted a history of upper respiratory difficulties periodically for several years with worsening symptoms since Ms. Petrowsky's other cat had been sick. Respondent diagnosed and treated the male cat for a chronic upper respiratory infection with an injection of Flocillin 1 ½ cc Sub-Q and Depamedrol ½ cc. IM.

15. During the July 27th visit, Respondent did not palpate an evident thyroid mass as part of a physical examination, did not offer laboratory testing to assist in evaluating the cat's condition, did not provide an adequate ongoing course of antibiotic treatment, and did not develop and document a treatment plan to determine the cause of the cat's ongoing condition.

16. On August 2, 2004, Ms. Petrowsky took the cat to another veterinary clinic for evaluation of an onset of coughing. Upon examination, the treating veterinarian diagnosed the Petrowsky cat with hyperthyroidism and initiated treatment, which included surgery on October 6, 2004 to remove the bilateral thyroid and to implant parathyroid tissue.

17. Respondent failed to adequately evaluate and treat the Petrowsky cat in the following respects: Respondent failed to obtain and document the cat's weight at the January 2, 1997 visit, Respondent failed to develop and implement a treatment plan for the cat's chronic condition; Respondent failed to offer further diagnostics for evaluation of the cat's condition, including laboratory testing; Respondent failed to evaluate the thyroid mass at the July 27, 2004 visit and failed to provide an adequate antibiotic course of treatment.

COUNT III (05 VET 043)

18. Respondent provided veterinary services to a female Lhasa Apso owned by Rick and Joanne Eibs from January 2001 through September 2005. Respondent's records reveal the Eibs dog had a history of bladder infections and stones.

19. On September 10, 2005, Joanne Eibs presented at Respondent's clinic with the dog for evaluation of the dog's symptoms of a possible bladder infection. Upon examination, Respondent noted a thickened bladder, crepitus and the presence of multiple stones, most of which palpated to be fairly small. Ms. Eibs elected to try medical management as such treatment had been successful in the past. Respondent prescribed Ormax 22.7mg. 1 SID for seven days. With little improvement after six days, Respondent changed the antibiotic to Cipro 250mg. 1 SID for 14 days. Respondent did not offer radiographic evaluation.

20. On September 20, 2005, Ms. Eibs took Hailey to another veterinary clinic for a second opinion. A radiograph was taken which showed stones that were significant in size. A cystotomy was recommended.

21. On September 23, 2005, Respondent performed a cystotomy on the Eibs dog. The bladder was thoroughly flushed and a catheter was passed retrograde to assure there were no stones in the urethra. Post operative recovery was noted as slow.

22. On September 27, 2005, Ms. Eibs again presented with the dog to Respondent for evaluation of lethargy and inappetence. Respondent provided Ms. Eibs with a tube of Nutri-gel to administer to the dog.

23. On September 28, 2005, Ms. Eibs returned with the dog when no improvement was noted. The Eibs dog had

a temperature of 96.4 degrees. Respondent administered fluids and drew blood for laboratory testing. Respondent told Ms. Eibs to return with the dog the next day for administration of another course of fluids. The dog died that night without eating or passing urine since the surgery.

24. Respondent failed to adequately evaluate and treat the Eibs dog in the following respects: Respondent did not offer an urine culture or chemical analysis of the stones when the dog had recurrent problems; Respondent did not offer the Eibs a pre-operative radiograph to determine if there were stones in the urethra, bladder or kidneys; Respondent did not perform intra operative monitoring of the dog; Respondent did not provide intra operative fluids to the dog; Respondent did not take post operative radiographs to determine that the stones had been successfully removed; Respondent did not provide post operative pain medication to the dog; Respondent discharged the dog without establishing that the dog had sufficiently recovered from the surgical procedure and anesthetic to be discharged; Respondent failed to provide adequate discharge instructions including suture removal instructions; Respondent failed to recognize the seriousness of the post surgical urine retention and failed to properly evaluate the Eibs dog when the dog was returned to the clinic with no post operative urine production including the failure to recommend further diagnostics.

25. Respondent's records were inadequate as they do not reflect a weight or temperature for the dog; the histories do not support the pre operative examination, no intra operative monitoring is noted, the records do not reflect post operative monitoring sufficient to show the dog was in a condition to be discharged. Respondent did not take an adequate history; no intraoperative monitoring was performed; no post operative monitoring was recorded which would support discharging the dog.

COUNT IV (05 VET 043)

26. On September 10, 2005, Joanne Eibs presented at Respondent's clinic with her female Shih Tzu puppy for an initial "well dog" evaluation. Ms. Eibs advised Respondent that Sadie was vaccinated and wormed by the breeder. Ms. Eibs brought along a stool sample for testing. Respondent stated that they did not need to test the stool because Sadie had been de-wormed twice, and that she was familiar with the breeder's protocol.

27. On October 4, 2005, Ms. Eibs took Sadie to another veterinary clinic for Sadie's next vaccination. Ms. Eibs brought along another stool sample for testing, which showed the presence of Giardia, a parasite with public health risks. The veterinarian treated the Giardia and advised the owner of the need to recheck in two weeks.

28. Respondent failed to adequately evaluate and treat the Eibs Shih Tzu puppy by failing to test the stool sample provided by the owner for the presence of parasites.

COUNT V (07 VET 005 and 07 VET 041)

29. On January 23, 2007, the Department of Regulation and Licensing received a complaint from a former employee of Respondent reporting security and sanitation violations at Respondent's veterinary clinic in Port Washington, Wisconsin.

30. On August 29, 2007, the Department of Regulation and Licensing received a complaint from the City of Port Washington Police Department who reported security and sanitation issues at Respondent's veterinary clinic in Port Washington, Wisconsin.

31. On September 11, 2007, an inspection of Respondent's veterinary facilities was conducted by a Department of Regulation and Licensing Investigator on behalf of the veterinary Examining Board to address these complaints.

32. The inspection revealed an unsecured and unlocked back door to the clinic due to an extension cord running to a freezer kept outside of the back entrance and inadequate lighting in the back kennel area.

33. Respondent has corrected the security and lighting issues identified in paragraph 32 above.

CONCLUSIONS OF LAW

1. The Wisconsin Veterinary Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. sec. 453.07(2), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. sec. 227.44(5).

2. Respondent's conduct, as set out in paragraphs 10, 17, 24, 25, and 28 constitutes violations of Wis. Admin. Code secs. VE 7.06 (1) (15) and (17) and Respondent is therefore subject to discipline pursuant to Wis. Stat. sec. 453.07(1)(f).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the Stipulation of the parties is hereby accepted.

IT IS FURTHER ORDERED that:

1. Respondent, Annamarie Dittmar, D.V.M., is hereby REPRIMANDED by the Wisconsin Veterinary Examining Board.

IT IS FURTHER ORDERED that:

2. Respondent's license to practice veterinary medicine in the State of Wisconsin is hereby LIMITED to require that, within one year of the date of this Order, Respondent shall obtain no less than thirty (30) hours of continuing education in the following areas:

- a. Four (4) to six (6) hours in the diagnosis and treatment of feline respiratory diseases.
- b. Two (2) hours in thoracic radiology.
- c. Two (2) hours in the diagnosis and treatment of respiratory diseases in cats.
- d. Two (2) hours in the diagnosis and treatment of hyperthyroidism.
- e. Four (4) hours in antibiotic therapy.
- f. Four (4) hours in post-operative monitoring.
- g. Four (4) hours in parasitology with a concentration on identification techniques and treatment.
- h. Eight (8) hours in the diagnosis and treatment of urinary blockage in dogs and cats, including management, preoperative and post-surgical treatment.
- i. Successful completion of the recordkeeping course offered through the Wisconsin Veterinary Medical Association (WVMA).
- j. Verified attendance at a WVMA presentation on the Informed Consent Rule.

3. The courses attended in satisfaction of this requirement may not be used to satisfy the statutory continuing education requirements for licensure.

4. Respondent shall be responsible for obtaining the courses required under this Order, for providing adequate course descriptions to the Department Monitor, and for obtaining pre-approval of the courses from the Wisconsin Veterinary Examining Board, or its designee, prior to commencement of the programs. Respondent may submit courses successfully completed within two years prior to this order for consideration by the Board liaison as completing the requirements set forth above if those courses were not used to satisfy the statutory continuing education requirements for licensure.

5. Within thirty (30) days following completion of the courses identified in paragraph 2 above, Respondent shall file with the Department Monitor certifications from the sponsoring organization(s) verifying her attendance at the required courses.

6. All costs of the educational programs shall be Respondent's responsibility.

IT IS FURTHER ORDERED that:

7. Following completion of the required continuing education, Respondent shall obtain the services of a licensed veterinarian, who has been pre-approved by the Board or its designee, to serve as a Mentor. The Mentor:
 - a. Shall meet with Respondent no later than March 1, 2010, and select, at random, ten (10) patient records to review with Respondent to determine compliance with the requirements of Wis. Admin. Code sec. VE 7.03 . The Mentor shall discuss the presenting complaint, clinical findings, diagnostics performed, diagnosis reached and treatment plan set forth in the record to determine if the care and treatment provided the animal met the requirements of Wis. Admin. Code sec. VE 7.06 (1).
 - b. Shall inspect the clinic premises to determine compliance with minimum standards of sanitation and security as required by Wis. Admin. Code sec. VE 7.06 (17).
 - c. Shall, within 15 days following the meeting with Respondent, prepare a written report to the Board regarding his or her findings.
8. Submission of the report by the Mentor and all costs relating to the Mentor's review and report shall be Respondent's responsibility.
9. Upon successful completion of the educational programs, submission and approval of the Mentor's report by the Board or its designee, and payment of the costs set forth below, Respondent's license to practice veterinary medicine in the State of Wisconsin, shall be restored to unlimited status.

IT IS FURTHER ORDERED that:

10. Respondent shall, within six (6) months of the date of this Order pay costs of this proceeding in the amount of four thousand six hundred fifty three (\$4653.00) dollars. Payment shall be made to the Wisconsin Department of Regulation and Licensing, and mailed or delivered to:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264
Telephone (608) 267-3817
11. In the event that Respondent fails to pay costs as ordered, fails to comply with the ordered continuing education or fails to meet with a Mentor as ordered, Respondent's license (#2196) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.
12. This Order is effective on the date of its signing.

Wisconsin Veterinary Examining Board

By: Robert Spencer DVM
A Member of the Board

2/11/09
Date