



RESILIENT ENVIRONMENT DEPARTMENT
ANIMAL CARE DIVISION
2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

Animal Care Trust Fund Sub-Committee Reimbursement Qualification Checklist

PERSON/ RESCUE PARTNER REQUESTING REIMBURSEMENT:

NAME: _____

Meeting Date: _____ **2026**

Checklist

- Trust Fund Rules send
- Copy of all invoices marked PAID
- MEDICAL HISTORY from your vet, where your animal was treated, INCLUDING ALL RESULTS
- Completed CHRONOLOGICAL TIMELINE HISTORY form
- AFFIDAVIT – letter stating that you have not received any money (including donations) from 3rd parties to pay for your bills (SIGNED and Notarized)
- Any additional pictures or proof that could help your claim

PLEASE CHECK-MARK ALL APPLICABLE BOXES

Emergency Reimbursement

- Director or Committee Authorization
- Veterinarian statement received
- Funds available

Post-Adoption or Rescue-Pull Reimbursement

- Adopted/Rescued from shelter
- Adoption within 30 days of reimbursement request
- Medical or surgical in nature
- Could not be dealt with adequately by County Veterinarian
- Written request received indicating why owner/rescue group cannot afford to pay expenses
- Treatment is not the result of apparent abuse or neglect by the owner/rescue group

Financial Need Reimbursement

- Sterilized or agrees to sterilize animal
- Has rabies vaccine and license or agrees to have vaccinated and licensed
- Written request received indicating why owner cannot afford to pay expenses
- Funds available

Extraordinary Shelter Expenses

- Director Authorization
- Services not provided by County Animal Clinic
- Funds available

Total Amount of charges requested: \$ _____

Funds available: _____

Director

Total Amount Approved \$ _____



RESILIENT ENVIRONMENT DEPARTMENT
ANIMAL CARE DIVISION
2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

Date: _____

Name: _____

Address:

Re: Animal Care Advisory Committee Trust Fund Sub-Committee Reimbursement Request

Dear Sir or Madam;

Thank you for contacting The Animal Care Advisory Committee Trust Fund Sub-Committee.

Attached please find the information requested to present your case to the Animal Care Advisory Committee – Trust Fund Sub-Committee:

1. Trust Fund Rules
2. Please provide a copy of **all invoices** marked **paid**
3. Please provide the **Medical history** from your vet where your animal was treated, **including test results**
4. Completed **Chronological History Timeline** (form attached)
5. **An affidavit, signed and notarized**, stating that you have not received any money (**including donations**) from a 3rd party to pay for these bills (attached)
6. Any additional pictures or proof that could help your claim

Please send all documentation to me via e-mail.

If you have any additional questions, please don't hesitate to contact

me.

Sincerely,

Animal Care Division

NAME	Jessika Di Caterino M
Address	180 E, Dania Beach Blvd
Telephone Number	786-3425245
Animal Name	Vincent
Animal ID#	
Date of adoption/rescue	July 19th, 2025

Chronological History Timeline:

July 17-18, 2025

On July 17th, my mom that lives in Dania Beach mentioned that there was a cat in her garden but she was concerned because he was looking sad and sick so next day, July 18th in the afternoon I went to see him and see how I can help him. I gave him a little bit of food and Water.

July 19, 2025

Saturday Morning, I set up the trap and patiently waited for him to go in. Once that happened, I was very glad because I knew it was going to start a better life for him. I took him to Animal Aid to get him neutered with Dr. Tamara but she mentioned that he was in really bad shape and in order for him to have that surgery he would need to be at least with more weight. I knew that I would need to take him to the vet. I went to All About Cats & Dogs in Dania Beach and there Mrs. Krystal was very kind, checked him up and provided antibiotics because he had a major infection-gingivitis, he really had an awful smell coming from his mouth and you can see he was in a hardcore pain. We agree that I will continue with the pills and once he starts to be in better shape, we will have neuter surgery. In the meantime, I post him on the app Nextdoor to see if he had an owner and if he didn't then find him a forever home. The veterinary recommend to do him a blood test but as it is really expensive, or at least for me, a lot of people in the app were saying they will contribute, they will assist me financially so I decided to take him to another vet which was even more "affordable" (based on recommendations of ladies that are involved with this TNR and cats related matters) than the 1st one that I took him.

August 2, 2026

I took him to the Veterinary Neighborhood Center with Dr. Carlos. He said he still had the infection on the mouth, but it wasn't smelling as bad as the beginning. He sends him more antibiotics and pain killer. We went back home, and started with this new treatment. My husband and I tried our best, we got him a huge cage, and we accommodated it with blankets and a little cushion so he could be comfortable. I used to give him the antibiotics as prescribed morning and night with healthy food, low on salt, chicken soup made by scratch with a lot of love, but he wasn't improving. With the days he started to be more and more lethargic which is a bad symptom.

August 7, 2026

When the results of the bloodwork arrived, the Dr. called me and informed me that Vincent had FIV. That really doesn't bother me because I just want to get him in good shape. I knew that it might be difficult to find a forever home, but I still had hope. I would play zen music for him, give him catnip, fresh grass, a scratcher, you name it, I gave that little friend everything for him to feel better and get better because I believe that every living creature deserves love and respect. On August 7th, he stops eating and he would barely stand up, this broke my heart, but I couldn't be selfish, and you can see he just wanted to rest so I decided to call Mrs. Krystal to help us to sleep him at home so he wouldn't have to deal with the stress of leaving the house. She arrives home around 9:00 pm and did the Euthanize. I managed to hold him, hug him and let him know that at least on his final days he was loved and respected. I still cry a little bit, but I know he is in peace.

AFFIDAVIT
Please Have Notarized

NAME:	Jessika Di Caterino M
Address:	180 E, Dania Beach Blvd
Telephone Number:	786-3425245
Animal Name	Vincent
Animal ID#	
Date of adoption:	July 19th, 2025

I, Jessika Di Caterino M have not received any money from a 3rd party for the above animal veterinary care.

Jessika Di Caterino M

Print Name:

Jessika Di Caterino M
Signature:

State of Florida

County of Broward

The foregoing instrument was acknowledged before me by means of physical presence or online

notarization, this 27th day of August, 2025, by Jessika Di Caterino

who is personally known to me or who has produced _____ as identification.

Signature of Notarial Officer: *KB McLaughlin*

Notary Stamp or Name Typed/Printed:



My Commission Expires: 6/5/2026

Serial Number (if any): HH 271773

(Seal, if applicable)



Fig A.
\$180

All About Cats & Dogs
Animal Rescue Low Cost Mobile Clinic
(561) 709-9496

Animal ID No
\$ 180 Total

Date of Surgery

Your First Name
JESSIKA

Your Last Name
DICATERINO

Your Pet's Name

Pet's Age

Cat Dog

Male Female

Weight: under 20 20-50 over 50

Microchip #

Pet's Color(s)
TABBY

Address
180 E. OCEANIA BEACH BLVD

Pet's Breed(s)
CITY

State
FL ZIP
33004

Phone Number (Where we can reach you TODAY)
786 342 5295

Alternate Phone Number

Email Address
JDICATERINO@gmail.com

cc Ace SQ IM cc Ketamine IM cc Metacam mL LRS/Saline IV SQ
cc Atropine SQ IV IT cc PenG SQ IM cc Cefazolin 100mg/ml SQ IV cc Euthazol IV IC IP
Isoflourine Other Other

Infection in Mouth Odor strong Sedation 1/2 45
Pen-G/Dex/B12 injection 2 weeks in system 1/2 70
Clindamycin 150mg 1 pill in the morning 1 pill in the evening 1/2 15

S: BAR Abnormal
O: Physical exam= WNL Abnormal
A: Surgical candidate= Yes No
P: Surgically sterilize= Accept Decline

SPAY
Ventral midline incision, ovarian pedicles instrument tie circumferential Millers Suture _____
Uterine stump: circumferential Millers transfixation Suture _____
Abdominal closure: cruciate simple interrupted Suture _____
Subcutaneous closure: simple continuous intradermal closure: mattress Suture _____
Skin: surgical glue staples

NEUTER
Skin incision: pre-scrotal scrotal Technique: closed castration open castration
Cord ligation: instrument tie circumferential Millers transfixation Suture _____
Sc/skin closure: simple continuous intradermal mattress suture surgical glue staples

Please see your regular veterinarian to address the following concerns about your pet:

Over/Underweight Ear Concerns Skin Abnormalities Eye Concerns Dental Concerns Fleas/Ticks

Other

Vet. _____ Weight _____ Lbs. _____

Your pet received these vaccinations/services today:

Duramune Max 5 Bronchi-Shield III FVRCP Metacam
 Ivermectin-deworm Rabvac-1yr Rabies Nail Trim Ear Tip
 HW/EH/LYM Result: _____ FELV/FIV Result: _____ Microchip Actyvil (flea/tick) Dental _____
 Hemia Repair Other _____

(Antibiotic Treatment) *

Requested Vaccines and Services:

Spay or Neuter Feline Felv/FIV Test
 5-way Vaccines Heartworm/Ehrlichia/Lyme Test
 Rabies Vaccine-1yr Bordetella Vaccine
 De-worming Flea/Tick Prevention

Microchip _____ Other _____

Hernia Repair
 Nail Trim
 E-Collar
 Ear Tip- feral

Dental / Extractions
 Heartworm Treatment
 Extra Pain Medication
 Bloodwork _____

SIGNATURE
JESSIKA

THANK YOU SO MUCH!
DATE
07/19/25

7/21

Zelle to James Krystal on 07/19 Ref #Pp0Z2Zkvt7

180.00





Neighborhood Veterinary Center



26 SW 4th Ave
Hallandale Beach FL, 33009
T (954) 505-3757, F (954) 613-4702
You can now text us to our main number.

www.Neighborhoodvetcenter.com
Info@neighborhoodvetcenter.com
Facebook.com/neighborhoodvetcenter
Instagram:@neighborhoodvetcenter
Snapchat:The Resort

Jessika Dicaterino
180 E
Dania Beach, FL 33004
(786) 342-5245

Payment History - Jessika Dicaterino

Receipt Number 125882
Payment Entry Date 8/2/2025 10:59 AM
Amount Paid **\$441.55**
Payment Cash \$180.00
Cash Received: \$180.00
Payment Visa \$261.55
Last 4 of Credit Card:
6114
Cashier Raeleesha G.

Fig B.
\$441.55

Invoice Number	170912						
Date	8/2/2025						
Patient	Provider	Description	Date	Quantity	Subtotal	Tax	Total
Vincent	Carlos Ameijeiras, D.V.M.	Medical Waste Fee	8/2/2025	1	\$6.00	\$0.00	\$6.00
Vincent	Carlos Ameijeiras, D.V.M.	Physical Exam and Consultation	8/2/2025	1	\$59.00	\$0.00	\$59.00
Vincent	Carlos Ameijeiras, D.V.M.	Feline Senior Profile	8/2/2025	1	\$299.43	\$0.00	\$299.43
Vincent	Carlos Ameijeiras, D.V.M.	Gabapentin 100mg	8/2/2025	28	\$18.86	\$1.32	\$20.18
Vincent	Carlos Ameijeiras, D.V.M.	Clindamycin HCL 75mg	8/2/2025	28	\$56.94	\$0.00	\$56.94
						Subtotal	\$440.23
						Tax	\$1.32
						Invoice Total	\$441.55
						Paid in Transaction	\$441.55
						Paid to Date	\$441.55
						Amount Remaining	\$0.00

Your feedback is very important!
Let us know what we can do to improve your visit.
We ask you to leave a review on Google Reviews or Yelp.



Fig C.
\$120

All About Cats & Dogs
Animal Rescue Low Cost Mobile Clinic
(561) 709-9496

Animal ID No

Time 11:30pm

Date of Surgery

Treatment Form

Your First Name: Jessika Your Last Name: D. Caterino Your Pet's Name: Vincent Pet's Age: 8 yrs old

Cat Dog Male Female Weight: Under 20 20-50 over 50 Microchip # _____

Pet's Color(s): Tabby Pet's Breed(s): (34) Domestic Short Hair

Address: 180 E Dania Beach Blvd City: Dania Beach State: FL ZIP: 33004

Phone Number (Where we can reach you TODAY): 786 - 342 - 5245 Alternate Phone Number: _____ Email Address: alfaterinofamily@gmail.com

cc Ace SQ IM cc Ketamine IM cc Metacam _____ mL LRS/Saline IV SQ
cc Atropine SQ IV IT cc PennG SQ IM cc Cefazolin 100mg/ml SQ IV cc Euthazol IV IC IP
Isoflourine _____ Other: midazolam

S: BAR Abnormal
O: Physical exam= WNL Abnormal
A: Surgical candidate= Yes No
P: Surgically sterilize= Accept Decline

Euthanize - Administered midazolam/phenobarbital 2nd round
Administered (AKI) 1st round Patient has metastatic infection Sepsis

SPAY
Ventral midline incision, ovarian pedicles instrument tie circumferential Millers Suture _____
Uterine stump: circumferential Millers transfixation Suture _____
Abdominal closure: cruciate simple interrupted Suture _____
Subcutaneous closure: simple continuous Intradermal closure: mattress Suture _____
Skin: surgical glue staples

NEUTER
Skin incision: pre-scrotal scrotal Technique: closed castration open castration
Cord ligation: instrument tie circumferential Millers transfixation Suture _____
Sc/skin closure: simple continuous intradermal mattress suture _____ surgical glue staples

Spay
 Neuter
 Already Neutered
 Already Spayed
 In Heat
 Pregnant _____
 Cryptorchid

Please see your regular veterinarian to address the following concerns about your pet: Over/Underweight Ear Concerns Skin Abnormalities Eye Concerns Dental Concerns Fleas/Ticks Other _____ Vet: _____ Weight _____ Lbs. _____

Your pet received these vaccinations/services today:
 Duramune Max 5 Bronchi-Shield III FVRCP Metacam Actyvil (flea/tick) Dental _____
 Ivermectin-deworm Rabvac-1yr Rabies Nail Trim Ear Tip Hernia Repair Other _____
 HW/EH/LYM Result: _____ FELV/FIV Result: _____ Microchip _____

Requested Vaccines and Services:
 Spay or Neuter Feline Felv/FIV Test Hernia Repair Dental / Extractions
 5-way Vaccines Heartworm/Ehrlichia/Lyme Test Nail Trim Heartworm Treatment
 Rabies Vaccine-1yr Bordetella Vaccine E-Collar Extra Pain Medication
 De-worming Flea/Tick Prevention Ear Tip- feral Bloodwork _____

Microchip Other _____
SIGNATURE: [Signature] DATE: August 7, 25



A

All About Cats & Dog A...



Hello Jessica

9:04 PM



Delivered
9:04 PM

Yes

I'll come in the uber in about the next 30 mins

9:04 PM



Delivered
9:05 PM

Ok, great

Home visit \$ 50
Euthanasia \$ 80
Biohazard \$10

Total :\$150

10:09 PM



Friday, August 8



All About Cats & Dogs
Animal Rescue Low Cost Mobile Clinic
(581) 709-9496

Animal ID No: _____

Treatment Form

Your Pet's Name: _____ Sex: _____ Breed: _____ Age: _____

Species: Cat Dog Bird Fish Reptile Other _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (Where we can reach you): _____

Emergency Phone Number: _____

Special Address: _____

At the time of this visit, your pet is: Sick In Pain In Distress In Good Health

Reason for visit: _____

Is your pet: Spayed Neutered Intact

Is your pet: Microchipped Not Microchipped

SPAY

Uterine ablation Ovariohysterectomy Ovarioectomy Ovariohysterectomy Ovarioectomy Ovariohysterectomy Ovarioectomy

Uterine ablation Ovariohysterectomy Ovarioectomy Ovariohysterectomy Ovarioectomy Ovariohysterectomy Ovarioectomy

Uterine ablation Ovariohysterectomy Ovarioectomy Ovariohysterectomy Ovarioectomy Ovariohysterectomy Ovarioectomy

NEUTER

Penile amputation Vasectomy Vasectomy Vasectomy Vasectomy Vasectomy Vasectomy

Penile amputation Vasectomy Vasectomy Vasectomy Vasectomy Vasectomy Vasectomy

Penile amputation Vasectomy Vasectomy Vasectomy Vasectomy Vasectomy Vasectomy

Please see your regular veterinarian to address the following concerns about your pet:

Underweight Starvation Diarrhea Constipation Dental Concerns Fleas/Ticks

Other _____

Your pet has been vaccinated against the following diseases:

Rabies Feline Distemper Feline Parvovirus Feline Calicivirus Feline Herpesvirus Feline Leukemia Virus

Rabies Feline Distemper Feline Parvovirus Feline Calicivirus Feline Herpesvirus Feline Leukemia Virus

Rabies Feline Distemper Feline Parvovirus Feline Calicivirus Feline Herpesvirus Feline Leukemia Virus

Requested Vaccines and Services:

Spay or Neuter Feline FeLV/FIV Test Hemogram Dental / Extractions

5-way Vaccines Heartworm/Ear/Ache/Lyme Test Nail Trim Heartworm Treatment

Rabies Vaccine-Typ Bordetella Vaccine S-Cone Flea/Pink Medication

De-worming Flea/Tick Prevention Ear Tip-Notch Bloodwork

Microchip Other _____

Date: August 15, 2015



Detalles del pago

Support for the payment - Zelle transaction - done to the Vet, since the receipt doesn't have the amount.

KJ

\$120.00

Enviado(a) a

Krystal James

(561) 709-9496

Completado

Enviado

08/07/2025

Inscrito como

KRYSTAL JAMES

Pague desde

EVERYDAY CHECKING ...0006

Notas

Vincent

Confirmación

WFCT0Z4Z6J59

I am writing to respectfully request consideration for reimbursement related to the care I provided to a stray cat named Vicente, whom I attempted to rescue with compassion and urgency.

In total, I spent **\$741.55** from my personal savings. Every expense was made with love and a deep sense of responsibility, as I was raised to respect all living beings. I believe we are here to share, support, and protect one another—especially the most vulnerable.

I understand that reimbursement may not be guaranteed, but I wanted to submit this documentation in case there is any possibility of partial support.

Thank you very much for your time and attention to my case. I truly appreciate your consideration.

Jessika Di Caterino M.



Neighborhood Veterinary Center
 26 SW 4th Ave
 Hallandale Beach, FL 33009
 United States
 (954) 505-3757

GENERATED: 8/4/2025 11:35 AM

Client Information

Jessika Dicaterino
 180 E
 Dania Beach, FL 33004
 (786) 342-5245

Patient Information

<u>Name</u>	Vincent	<u>Species</u>	Feline	<u>Weight</u>	9.6 LBS
<u>Sex</u>	Male	<u>Breed</u>	Domestic Shorthaired Cat	<u>Microchip</u>	NONE
<u>Status</u>	Active	<u>DOB</u>	7/29/2018		
<u>Id</u>	45456	<u>Age</u>	7 years		
<u>Color</u>	Grey	<u>Tag</u>	NONE		

Weight History

Date	Weight
8/2/2025	9.6 LBS

Medical Chart from 1/1/2000 - 8/3/2025

Service on 8/2/2025

8/2/2025 12:59 PM Exam Exam - General Carlos Ameijeiras, D.V.M.

History: The P presented for second opinion for possible surgery. The P was Originally found about 3 weeks ago on the street and the O noticed the right side of the face to the drooping and the tongue sticking out. The P was taken to another vet where he was sedated and the O were told would need surgery but not sure what the surgery was. The P was started on clindamycin 150mg PO BID and a few days ago the P lost a tooth.

Weight	9.6 LBS (4.3545 KG)
Heart Rate	184
Respiratory Rate	72
Pulse Quality	Strong

Mentation Alert **NORMAL CONDITION** Bright **NORMAL CONDITION** Responsive **NORMAL CONDITION**

Mouth Abnormal **ABNORMAL CONDITION** -Limited due to patient temperament. Gingiva **ABNORMAL CONDITION** -Severe ulceration, swelling and inflammation present Teeth **ABNORMAL CONDITION** -Heavy Dental Calculus, mobile teeth seen

Ears Abnormal **ABNORMAL CONDITION** -Moderate dry waxy debris

Eyes Abnormal **ABNORMAL CONDITION** -OD: aqueous flare with mid scleral injection present

Cardiovascular Normal Auscultation **NORMAL CONDITION** - No murmur, Normal Sinus Rhythm

Respiratory NormalNORMAL CONDITION - Breath sounds bilaterally, normal BV sounds

Abdominal NormalNORMAL CONDITION - Non-painful, No palpable masses

Genitourinary NormalNORMAL CONDITION

Musculoskeletal NormalNORMAL CONDITION - Ambulatory all 4 limbs

Integument NormalNORMAL CONDITION - Healthy coat

Lymphatics NormalNORMAL CONDITION - No lymphadenopathy present

Neurological NormalNORMAL CONDITION - Cranial Nerves intact, no CP deficits

Rectal Not Evaluated

Plans

Diagnostics:

Feline senior profile - pending

Treatment:

Clindamycin 75mg PO BID

Gabapentin 100mg PO BID

Client Communications:

Discussed with the O the only possible surgery would be the a dental cleaning with several if not all teeth extracted. Du to swelling on the right side of the face, would recommend skull radiographs as well.

Diagnoses

- Dental disease



Neighborhood Veterinary Center
26 SW 4th Ave
Hallandale Beach, FL 33009
United States
(954) 505-3757

GENERATED: 8/4/2025 11:46 AM

Client Information

Jessika Dicaterino
180 E
Dania Beach, FL 33004
(786) 342-5245

Patient Information

<u>Name</u>	Vincent	<u>Species</u>	Feline	<u>Weight</u>	9.6 LBS
<u>Sex</u>	Male	<u>Breed</u>	Domestic Shorthaired Cat	<u>Microchip</u>	NONE
<u>Status</u>	Active	<u>DOB</u>	7/29/2018		
<u>Id</u>	45456	<u>Age</u>	7 years		
<u>Color</u>	Grey	<u>Tag</u>	NONE		

Weight History

Date	Weight
8/2/2025	9.6 LBS

Medical Chart from 1/1/2000 - 8/3/2025

Service on 8/2/2025

8/3/2025 12:15 PM Document Lab Report

- PE
- SP
- BR
- GE
- AG
- PA

IDEXX Services: **Feline Senior Profile Select**

Hematology



8/3/25 (Order Received)
8/4/25 7:24 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
RBC	6.92	6.50 - 11.53 M/ μ L	
Hematocrit	30.6	31.0 - 51.0 %	L
Hemoglobin	9.7	10.6 - 16.7 g/dL	L
MCV	44	38 - 53 fL	
MCH	14.0	12.3 - 17.3 pg	
MCHC	31.7	29.1 - 35.7 g/dL	
RDW	19.4	10.0 - 26.0 %	
% Reticulocytes	0.8	%	
Reticulocytes	^a 55	0 - 70 K/ μ L	
Reticulocyte Hemoglobin	14.7	14.4 - 19.3 pg	
WBC	^b 4.1	3.9 - 19.0 K/ μ L	
% Neutrophils	66.9	%	
% Lymphocytes	20.2	%	
% Monocytes	9.9	%	
% Eosinophils	2.5	%	
% Basophils	0.5	%	
Neutrophils	2.743	2.62 - 15.17 K/ μ L	
Lymphocytes	0.828	0.65 - 6.86 K/ μ L	
Monocytes	0.406	0.042 - 0.467 K/ μ L	
Eosinophils	0.103	0.209 - 1.214 K/μL	L
Basophils	0.021	0 - 0.1 K/ μ L	
Platelets	297	100 - 440 K/ μ L	
Remarks	No abnormalities seen upon microscopic blood film review by technician.		

^a The appropriateness of the regenerative response should be evaluated considering the degree of anemia and reticulocytosis (see guidelines below).

Hematology (continued)

Degree of bone marrow response (reticulocytes K/uL):
 Mild 50-75
 Moderate 75-175
 Marked >175

View the VetConnect Plus Differentials for additional information.

b Reference intervals for canine and feline hematology parameters have been updated and the RDW parameter has been added as of July 14, 2025. For more information, please visit idexx.com/hematologyRI.

Chemistry



8/3/25 (Order Received)
8/4/25 7:24 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
Glucose	112	72 - 175 mg/dL	
IDEXX SDMA	^a 10	0 - 14 µg/dL	
Creatinine	0.8	0.9 - 2.3 mg/dL	L
BUN	26	16 - 37 mg/dL	
BUN: Creatinine Ratio	32.5		
Phosphorus	5.3	2.9 - 6.3 mg/dL	
Calcium	8.6	8.2 - 11.2 mg/dL	
Sodium	146	147 - 157 mmol/L	L
Potassium	4.2	3.7 - 5.2 mmol/L	
Na: K Ratio	35	29 - 42	
Chloride	112	114 - 126 mmol/L	L
TCO2 (Bicarbonate)	21	12 - 22 mmol/L	
Anion Gap	17	12 - 25 mmol/L	
Total Protein	^b 10.3	6.3 - 8.8 g/dL	H
Albumin	2.8	2.6 - 3.9 g/dL	
Globulin	7.5	3.0 - 5.9 g/dL	H
Albumin: Globulin Ratio	0.4	0.5 - 1.2	L
ALT	34	27 - 158 U/L	
AST	19	16 - 67 U/L	
ALP	15	12 - 59 U/L	
GGT	1	0 - 6 U/L	

Chemistry (continued)

TEST	RESULT	REFERENCE VALUE	
Bilirubin - Total	0.1	0.0 - 0.3 mg/dL	
Bilirubin - Unconjugated	0.0	0.0 - 0.2 mg/dL	
Bilirubin - Conjugated	<0.1	0.0 - 0.2 mg/dL	
Cholesterol	106	91 - 305 mg/dL	
Amylase	1,458	623 - 2,239 U/L	
Lipase	5	0 - 45 U/L	
Creatine Kinase	98	64 - 440 U/L	
Hemolysis Index	^c N		
Lipemia Index	^c N		

^a SDMA is within the reference interval and creatinine is low: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.

^b RESULT VERIFIED BY REPEAT ANALYSIS

^c Index of N, 1+, 2+ exhibits no significant effect on chemistry values.

Urinalysis



8/3/25 (Order Received)
8/4/25 7:24 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
Collection	CYSTOCENTESIS		
Color	Yellow		
Clarity	CLEAR		
Specific Gravity	^a 1.021	1.035 - 1.098	L
pH	6.5	6.0 - 7.5	
Urine Protein	1+		
Glucose	NEGATIVE		
Ketones	NEGATIVE		
Blood / Hemoglobin	NEGATIVE		

Urinalysis (continued)

TEST	RESULT	REFERENCE VALUE
Bilirubin	NEGATIVE	
Urobilinogen	NORMAL	
White Blood Cells	0-2	HPF
Red Blood Cells	0-2	HPF
Bacteria	NONE SEEN	
Epithelial Cells	RARE (0-1)	
Mucus	NONE SEEN	
Casts	NONE SEEN	
Crystals	NONE SEEN	

^a Potentially inappropriate concentration. Consider hydration status and, if persistent and inappropriate, renal disease, endocrinopathies, and medications.

Endocrinology



8/3/25 (Order Received)
8/4/25 7:24 AM (Last Updated)

TEST	RESULT	REFERENCE VALUE
4	^a 2.4	0.8 - 4.7 µg/dL



^a Cats with no clinical signs of hyperthyroidism and a T4 within the reference interval are likely euthyroid. Older cats with consistent clinical signs and high normal (2.3-4.7) T4 may have early hyperthyroidism or a concurrent non-thyroidal illness. Hyperthyroidism may be further assessed in these cats by adding on a free T4 or by performing a T3 suppression test. Following treatment for hyperthyroidism, T4 results will generally fall within the lower end of the reference interval. However, high normal T4 may be appropriate if concurrent kidney disease is present.

Serology**8/3/25** (Order Received)**8/4/25 7:24 AM** (Last Updated)

TEST	RESULT
FeLV Antigen by ELISA	NEGATIVE
FIV Antibody by ELISA	^a POSITIVE

^a The American Association of Feline Practitioners highly recommends confirming FIV ELISA positive results with a different test. In cats older than 6 months of age, consider confirming the positive results with a Lab Feline Triple test (test code 3755) or FIV SNAP test performed in house, an FIV Western Blot (test code 896) and/or an FIV RealPCR Test (test code 2866). Maternal antibody may be present in uninfected kittens younger than 6 months of age.