

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 F	REQUESTING REIMBURSEMENT:
NAME: _	Parla Navarrete	Meeting Date: 2/5/ 2025
Checkles and a second s	Trust Fund Rules send Copy of all invoices marked PAID MEDICAL HISTORY from your vet, where Completed CHRONOLOGTICAL TIMELINE	not received any money (including donations) from 3 rd parties ed)
PLEAS	E CHECK-MARK ALL APPLICABLE E	OXES
Emera	encv Reimbursement	
	Director or Committee Authorization Veterinarian statement received Funds available	
Post-A	doption or Rescue-Pull Reimbursem	ent
	-	
Financ	ial Need Reimbursement	
	Sterilized or agrees to sterilize animal Has rabies vaccine and license or agrees Written request received indicating why Funds available	
Extrao	rdinary Shelter Expenses	
_ _	Director Authorization Services not provided by County Animal Funds available	Clinic
Total Am	ount of charges: \$_4,500	Funds available: Director



RESILIENT ENVIRONMENT DEPARTMENT

ANIMAL CARE DIVISION

2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

Date: 1/16/2025

Name: Pella Navarrete

Address: 701 NW 65th Terr Margate, FL 33063

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	Perla Navarrete
Address	701 NW 65th Terr, Mayate FL 33063
Telephone Number	(786) 512-7822
Animal Name	TUlUlU
Animal ID#	A2163546
Date of adoption/rescue	3/2021

Chronological History Timeline:

Date: March 2026

Four years ago, cluring the height of the pandernia, we discovered a sweet, trightened signesse, cat limping by the side of the road. Initially we thought he had been hit by a car but the vet eletermined that he had been attacked, likely by another out, leaving him with painful punture wounds. Despite our best efforts to find his owner; no one came for ward. We provided Tolvly the care he desperately needed and welcomed him in to our home. As dog lovers, we never expected a cat to win our hearts, but Tolvly quickly became our first and most cherished teline companion.

Date: 1/4/2025

Tulolo was found in pain, unable to vrinate, and we rushed him to Veternony Emergancy Group. Where he was dragnosed with a vrinary blockage. He was unblocked; placed on IV Huids, and kept For 2 nights. X-rays, and on ultrasond ruled out blackly stones, but his urine had significant blood, and his kelneys and potassium levels were concerning.

Date: 1/6 +1/2 25

When I went to pick up Tulylu, he had reblocked and cleveloped an intection.

His electrolytes were changerously low, so he couldn't come home. The

Pollowing mothing, with costs mounting and Care Credit moved out, we

made the clifficult elecision to being him home. For continued care

and observation, hoping for recovery.

Date: ///6/20<u>2</u>5

This unexpected emergency has placed a significant Financial builder on our family of 5. We are passionate animal lovers and active foster parents for BCAC, cledicating from and resources to help ing animals in nucl. However, with fimited Finances and the rising cost of living, we cannot a Fford Tolvius accumulated medical expenses on our own we are humbly asking for any Financial assistance to help cover the cost of Tolvius life-saving treatment medical expenses. My family and me deeply appreciate any help provided.

AFFIDAVIT Please Have Notarized

NAME:	Perla Navarrete
Address:	701 NW 65th Terrace, Margate, FL 33063
<u>Telephone Number:</u>	786-512-7822
Animal Name	Tululu
Animal ID#	A2163546
Date of adoption:	2020
Perla Navarrete I, have not animal veterinary care.	received any money from a 3 rd party for the above
Perla Navarrete	
Print Name:	Signature:
State of Florida	SALVATORE TORRE MY COMMISSION # HH100183 EXPIRES: March 03, 2025
County of BrowARY	
The foregoing instrument was acknowledged	before me by means of ☑ physical presence or ☐ online
notarization, this <u>/</u> day of <u>TA</u>	2025 by PERLA NAVARRETE
who is personally known to me or who has pr	roducedas identification
Signature of Notarial Officer:	~ 7 ~ ~ ~
Name Typed/Printed/Stamped: 5A1	VASONE TONNE
My Commission Expires: 03 - 03 Serial Number (if any): + H /	3-2025
Serial Number (if any): + H /	00183
(Seal)	ORRE \$

WETERINARY EMERGENCY GROUP® Invoice

Dr. Benjamin Kagan Fort Lauderdale

1620 N Federal Hwy, Fort Lauderdale FL, 33305

954-519-5219

Tululu (Navarrete)

Patient ID: r26ybv5k

Activity as of January 09, 2025 05:36 PM

BALANCE \$0.00

Visit: January 04, 2025

ORDER	QUANTITY	COST	ADJUSTMENT	TOTAL COST
General Services and Fees				
Emergency Visit	1	\$175.00		\$175.00
Sedation Monitoring and Induction - Nursing Services	1	\$150.75		\$150.75
Hospitalization Setup	1	\$103.21		\$103.21
Hospitalization 2 - Standard Care (per hr)	69	\$1,747.77		\$1,747.77
Hospitalization 1 - Observation (per hr)	2	\$25.32		\$25.32
Diagnostics				
Chem8+ - i-STAT	2	\$284.22		\$284.22
VEG Doctor - POCUS Ultrasound	1	\$88.64		\$88.64
Urinalysis - SediVue	1	\$132.26		\$132.26
Radiographs - Single Image without Review	1	\$200.00		\$200.00
Feline Pro-BNP - SNAP Pro	1	\$163.46	-\$163.46	\$0.00
Blood Pressure (BP)	1	\$84.52		\$84.52
Electrolytes - Catalyst	4	\$314.64		\$314.64
Urine Specific Gravity (USG) - Refractometer	3	\$90.45		\$90.45
Complete Blood Count (CBC) - ProCyte	1	\$131.12		\$131.12
Medications				
Buprenorphine 0.5 mg/mL Injectable (compounded)	0.342 mg	\$162.70		\$162.70
Calcium Gluconate 23% Injectable	1.3 ml	\$61.48		\$61.48
Midazolam 5 mg/mL Injectable	3.392 mg	\$137.65		\$137.65
Albuterol 90 mcg Inhaled	1 puff	\$10.87		\$10.87
Maropitant 10 mg/mL Injectable	17.12 mg	\$184.88		\$184.88
Propofol 10 mg/mL Injectable	127.4 mg	\$283.09	-\$97.22	\$185.87
Gabapentin 100 mg Capsules	100 mg	\$12.05	-\$12.05	\$0.00
Flumazenil 0.1 mg/mL Injectable	0.084 mg	\$61.49	-\$61.49	\$0.00
Fluids/CRI/Oxygen				
Lactated Ringers (LRS)	61 hr 52 min	\$816.64		\$816.64

ORDER	QUANTITY	COST	ADJUSTMENT	TOTAL COST
Lactated Ringers (LRS) Setup	7	\$131.16	-\$87.44	\$43.72
Tasks				
Administer IV Fluid Bolus	2	\$120.60		\$120.60
Unblock Cat - Male	1	\$389.34		\$389.34
Place Indwelling Urinary Catheter - Male	1	\$276.37		\$276.37
Place Peripheral IV Catheter	1	\$130.05		\$130.05
Inpatient Exam / Update	6	\$603.00		\$603.00
To Go Home Medications				
Gabapentin 100 mg Capsules	2,000 mg	\$49.40		\$49.40
Buprenorphine 0.5 mg/ml Oral Suspension (compounded)	0.9 mg	\$39.69		\$39.69
Amoxicillin/Clavulanate 125 mg tab	14 tablet	\$58.34		\$58.34
Prazosin 0.5 mg Tablets	7 mg	\$40.35		\$40.35
Pradofloxacin 25 mg/mL 15ml Bottle TGH	1 bottle	\$95.47		\$95.47

SUBTOTAL \$6,934.32

INVOICE CAP -\$2,434.32

TAX \$0.00

TOTAL \$4,500.00

PAYMENTS			
Care Credit	Payment	January 07, 2025 12:41 PM	\$5,200.74
Care Credit	Refund	January 07, 2025 02:48 PM	\$-700.74

TOTAL PAYMENTS \$4,500.00



Dr. Benjamin Kagan

Fort Lauderdale

1620 N Federal Hwy Fort Lauderdale FL, 33305

954-519-5219

Tululu (Navarrete)

Visit Summary

D.O.B.: 01/04/2021 | 4y 0m | Cat | Siamese | MN

Patient ID: r26ybv5k

Visit Date:

January 04, 2025 09:57 AM

Status:

Discharged

Discharged Date: January 07, 2025 12:40 PM

CUSTOMER

Perla Navarrete 701 nw 65th terrace margate, FL 33063 786-512-7822 perlamnavarrete@yahoo.com

PRIMARY RDVM

No Primary Vet noemail@no.com

PRESENTING COMPLAINTS

Hyperkalemia, Hypocalcemia, Renal azotemia, Urinary obstruction

HISTORY

Presenting for: Tululu presenting with urinary issues and vocalizing.

History of Illness: Owner reports that Tululu started showing signs of urinary issues and vocalizing yesterday. Tululu has been in and out of the litter box frequently. Otherwise healthy pet, not on any medications.

VITALS

SYSTEM	INTAKE	LAST RECORDED	SYSTEM	INTAKE	LAST RECORDED
Mentation	vocalizing/bar	Bar	Respiratory Effort	ne	normal
Mucous Membranes	pink/tacky	pink/moist	Respiratory Rate	40 BPM	32 BPM
Heart Rate	200 BPM	221 BPM	Temperature	97.7 °F	102.1 °F
Capillary Refill Time	<2	>2	Weight	8.56 KG	8.6 KG

INITIAL PHYSICAL EXAM

SYSTEM	INTAKE	NOTES
Abdomen	Abnormal	large, firm turgid bladder. Painful on palpation
Ears	Normal	
Eyes	Normal	
Heart	Normal	
Integument	Normal	
Lungs	Normal	
Lymph nodes	Normal	
Mouth	Abnormal	tacky mm
Musculoskeletal	Normal	
Neurologic	Normal	
Nose	Normal	

SYSTEM	INTAKE	NOTES
Pulses	Normal	
Rectal	Not Observed	
Urogenital	Normal	

Intake Note: Patient vocalizing on exam and straining to urinate

PROBLEMS AND DIFFERENTIALS

PROBLEMS	DIFFERENTIALS
Hyperkalemia	
Hypocalcemia	
Renal azotemia	
Urinary obstruction	Anatomic abnormality, Neoplasia, Urolithiasis, Inflammation, Infection

NOTES January 04, 2025 at 11:44 AM

Recommendation Note

Discussed with O that P appears to be suffering from a urinary obstruction (UO) which is secondary to feline lower urinary tract disease (FLUTD). Urinary obstruction is a medical emergency and requires prompt medical attention as it is life-threatening. Relief of the obstruction, re-establishment of urine flow and correction of fluid, electrolyte, and acid-base imbalances are of prime importance. Idiopathic FLUTD is the most common cause of lower urinary tract signs in cats and is a diagnosis of exclusion. Identified risk factors vary between studies but often include stress, neutering, indoor housing, increased weight, decreased activity, and multi-cat households. The cause is not known, although a subset of patients appear to have a congenital disorder of the stress-response system. The diagnosis is suspected based on signalment, history, and PE. Long-term treatment focuses on stress reduction through environmental enrichment. Perineal urethrostomy (PU) may be needed in severe recurrent obstructive cases, however, this surgery does not correct the underlying problem and recurrent LUTS still can occur. Dietary therapy may be indicated if uroliths or crystals are identified and depends on the type of urolith. Most cases of idiopathic, non-obstructive, feline LUTS are self-limited, usually resolving in 5-10 days. However, recurrent episodes, including urinary tract obstruction, occur with variable frequency. Overall prognosis depends on the cat, client, and environment.

Recommended blood work, urinalysis, radiographs, sedation, passage of urinary catheter and hospitalization for 36-48 hours. Discussed risks including urinary bladder or urethral tear, adverse reaction to anesthesia, cardiopulmonary arrest or death. O expressed understanding and approved estimate.

January 04, 2025 at 11:45 AM

Progress Note

Code status: CPR

Triaged immediately on presentation.

Chem 8

Na 139 (L)

K 8.9 (H)

CI 113 (L)

BUN >140

Creat 13 3

Glu 356

iCa 0.62

DUUIL

Markedly distended urinary bladder with anechoic fluid + Snow globe appearance

FCG

HR 180 bpm. Absent P waves, tall tented T waves.

Radiograph (single lateral)

Confirmed placement of urinary catheter. No radio-opaque uroliths seen.

Urinalysis (in-house)

Few struvite crystals seen

Pro-BNP

Abnormal

Treatments

Cerenia 1 mg/kg IV once

Albuterol 1 puffs

Calcium gluconate 23% 0.15 ml/kg IV slow over 10 minutes

5mL/kg bolus over 20 minutes (after unblocking)

Sedation

Buprenorphine 0.02 mg/kg

Midazolam 0.2 mg/kg

Propofol 6 mg/kg titrated to effect (1.3mL total) IV

Unblocking procedure

Tululu was placed in dorsal recumbency with flow by 02 and monitored with ECG and pulse ox. The area of his prepuce and penis was clipped and prepped with sterile scrub. A 3.5Fr 18cm MILA TomCat urinary catheter was then passed into the urinary bladder. Approximately 250 mLs of red color urine was removed. A single-view abdominal radiograph was taken to assure proper urinary catheter placement and the urinary catheter was secured to the prepuce with 4 stay sutures (3-0 nylon). A MILA urinary collection bag was attached to the urinary catheter. He recovered uneventfully from sedation.

Patient was admitted to the hospital at 12pm

Current Treatment Plan

LRS @ 20mL/hr (~1.5xRER) Buprenorphine 0.02 mg/kg IV q8h Gabapentin 10 mg/kg PO q12h

Monitor ins/outs q4h iSTAT chem8 q24h

Lytes once @ 4pm

Shift Updates

5pm -- Lytes WNL

6:30pm -- ins and outs off by 45mL -- bolus 45mL (5ml/kg) over 30 minutes.

Plan

Transfer to Dr. Bartolic at 7pm

January 04, 2025 at 12:21 PM

Progress Note

Sedation Monitoring Sheet

January 04, 2025 at 01:39 PM

Communication Note

new cat 22G L front leg

January 05, 2025 at 06:58 AM

Progress Note

Bartolic 1/4/25 7p-7a

Working Diagnosis: U0 Physical Examination:

WT 8.5 ka

EENT: Corneas clear OU. Pupils symmetrical. No ocular/nasal discharge. No dental disease noted, MM pink, CRT < 2

LN: No peripheral lymphadenopathy

RESP: RR: 32 B/M, Eupneic, normal bronchovesicular sounds

CARDIO: HR: 180 bpm, No murmur, no arrhythmia noted, strong/synchronous femoral pulses

URO: External genitalia appears normal, neutered, ucath in place, red urine in bag.

INTEG: Normal hair coat, no ectoparasites noted

MSC: Ambulatory x4, normal muscling, BCS 5/9

ABDO: Soft/comfortable on abdominal palpation, bladder large/semi firm, no overt abnormalities noted

NEURO: BAR, Mentally appropriate, no CN/CP deficits noted

Pain score: 0/5

RELEVANT DIAGNOSTIC RESULTS:

None

UPDATED PROBLEM LIST:

U0

Hematuria

Azotemia

MONITORING/CLINICAL UPDATES:

Ins/Outs: Flushed ucs line @8p and urine flowing well, bladder small.

@10p outs>ins, @12a outs>ins, @2a matching, @6a outs>ins

Appetite: Ate small amount

Brief clinical update: Urinary catheter needing to be flushed frequently as it stops flowing.

TREATMENTS:

LRS 25-50 ml/hr

Gabapentin 100 mg PO Q8

Buprenorphine 0.3 mls PO Q8

CUSTOMER COMMUNICATION:

Texted morning update

FINANCIAL UPDATES:

Current invoice \$2600 / Care credit

PLAN

Transfer to Dr. Kagan, recheck kidney values @11a

January 05, 2025 at 12:20 PM

Communication Note

January 05, 2025 at 01:43 PM

Progress Note

PROBLEMS:

Kagan 1/5/24 7a-7p

Working Diagnosis: UO

Physical Examination:

WT 8.5 kg

EENT: Corneas clear OU. Pupils symmetrical. No ocular/nasal discharge. No dental disease noted, MM pink, CRT < 2

LN: No peripheral lymphadenopathy

RESP: RR: 32 B/M, Eupneic, normal bronchovesicular sounds

CARDIO: HR: 180 bpm, No murmur, no arrhythmia noted, strong/synchronous femoral pulses

URO: External genitalia appears normal, neutered, ucath in place, light red urine in bag.

INTEG: Normal hair coat, no ectoparasites noted

MSC: Ambulatory x4, normal muscling, BCS 6/9

ABDO: Soft/comfortable on abdominal palpation, bladder moderate in size/soft no overt abnormalities otherwise noted NEURO: BAR. Mentally appropriate, no CN/CP deficits noted

Pain score: 0/5

RELEVANT DIAGNOSTIC RESULTS:

12p chem 8 - K 3.5, BUN 34, Creat 1.8, iCa 1.02 (L)

otherwise wnl.

UPDATED PROBLEM LIST:

UO

Hematuria

hx Azotemia - resolved

hx hyperkalemia - resolved

MONITORING/CLINICAL UPDATES:

Ins/Outs:

9p - INS 168 / OUTS 130

1:30p INS 200/ OUTS 190

Appetite: eating well

Brief clinical update: Urinary catheter needing to be flushed frequently as it stops flowing.

TREATMENTS:

LRS 50 ml/hr --> 40ml/hr at 2pm following INS/OUTS

Gabapentin 100 mg PO Q8

Buprenorphine 0.3 mls PO 08

discontinued cerenia - patient eating well.

CUSTOMER COMMUNICATION:

Texted morning update - owner came in. Discussed patient. Doing well stable. continue with current plan likely tgh tomorrow afternoon.

FINANCIAL UPDATES:

Care credit

January 05, 2025 at 07:34 PM

Progress Note

Dr. Marti 1/5/25 (7pm-7am)

Tululu is BAR with normal vitals; MM pink/moist CRT <2s, no dental disease; corneas clear OU; no nasal d/c; no debris AU; no murmur or arrhythmia, femoral pulses strong and synchronous; eupneic, clear BV sounds; comfortable on abdominal palpation; CN intact, ambulatory x 4 with no ataxia or CP deficits; Overconditioned; peripheral LN SSS; normal coat; IVC patent in the RFL; urinary catheter in place producing hemorrhagic urine. Eating well in hospital.

Active problem list:

Hematuria

Crystalluria

Obesity

DDX:

Urethral obstruction secondary to FLUTD

Treatments:

LRS at 40 ml/hr

Gabapentin 11.5 mg/kg PO q8h

Buprenorphine 0.017 mg/kg PO g8h

Monitoring:

Weight/vitals q6h

RR/RE q2h

Ins/outs q4h

Electrolytes q12h

Chem8 q24h

USG q12h

Plan: Continue to monitor ins/outs overnight.

-Electrolytes (10pm): Na 160, K 3.8, Cl 116

-USG (2am): 1.015

Ins/outs (mLs): 155/160 (10pm), 147/265 (2am), 151/110 (6am)

6:20 am: SWO - Tululu did well overnight, ins/outs matching, eating well. Continues to produce hemorrhagic urine. We will likely pull u-cath later today.

January 06, 2025 at 10:50 AM

Progress Note

Kagan 7a-7p 1/6/25

Tululu is BAR with normal vitals; MM pink/moist CRT <2s, no dental disease; corneas clear OU; no nasal d/c; no debris AU; no murmur or arrhythmia, femoral pulses strong and synchronous; eupneic, clear BV sounds; comfortable on abdominal palpation; CN intact, ambulatory x 4 with no ataxia or CP deficits; Over-conditioned; peripheral LN SSS; normal coat; IVC patent in the RFL; urinary catheter in place producing hemorrhagic urine. Eating well in hospital.

Active problem list:

Hematuria

Crystalluria

Obesity

DDX.

Urethral obstruction secondary to FLUTD

Treatments:

LRS at 40 ml/hr

Gabapentin 11.5 mg/kg PO q8h

Buprenorphine 0.017 mg/kg PO q8h

Plan:

POCUS eval of urinary bladder - suspended sediment throughout bladder no overt stones. Catheter extends to apex of bladder

Pulled ucath.

urinalysis sediment smear positive for UTI rods noted

started clavamox 13.75mg/kg PO q12h

LMFO - updated on above - will touch base later on this afternoon for possible discharge want to monitor for urine production

UPDTAE 3pm

multiple urine spots in cage - not bloody.

urinary bladder moderate in size - dribbling urine consistently but not producing large stream

adding prazosin and monitoring -

6pm urinary bladder is large - still soft but patient not clearing urine as he should

cerenia 1mg/kg IV

midazolam 0.2mg/kg IV

propofol 6mg/kg IV to effect

sterilely placed 14cm slippery sam - drained bladder but somewhat positional. lateral radiograph - confirms just long enough to get into neck of bladder.

removed and replaced sterilely with 18cm which appears to be appropriate - radiograph - sitting in middle of urinary bladder and draining well.

secured with 3-0 nylon

flushed copiously with sterile saline.

recovery uneventful

SWO notified of issue and catheter replacement. Can keep patient overnight with uCath in place. Reassess in am. O ok with plan.

care transferred to dr Marti

January 07, 2025 at 03:56 AM

Progress Note

Dr. Marti 1/6/25 (7pm-7am)

Tululu is dysphoric (recovering from sedation) with normal vitals; MM pink/moist CRT <2s; corneas clear OU; no nasal d/c; no debris AU; no murmur or arrhythmia, femoral pulses strong and synchronous; eupneic, clear BV sounds; comfortable on abdominal palpation; CN intact, ambulatory x 4; Overconditioned; peripheral LN SSS; normal coat; IVC patent; urinary catheter in place producing hemorrhagic urine.

Active problem list:

Hematuria Crystalluria

Obesity

DDX:

Urethral obstruction secondary to FLUTD

Treatments:

LRS at 40 ml/hr

Gabapentin 11.5 mg/kg PO q8h

Buprenorphine 0.017 mg/kg PO q8h

Clavamox 14.8 mg/kg PO q12h

Prazosin 0.06 mg/kg PO q12h

Monitoring:

Weight/temp q12h

Vitals q6h

RR/RE q2h

Ins/outs q4h

Electrolytes q12h

Plan:

Continue to monitor ins/outs overnight.

D/C IVF at 7:30 pm

Flumazenil given IV to speed up recovery at 7:35 pm

-Electrolytes (10pm): Na 161, K 3.7, Cl 116

4 am: MM tacky, restart LRS at RER (16 ml/hr)

Ins/outs (mLs): 0/115 (10pm), 0/38 (2am), 47/90 (6:45am)

5:30 am: POCUS: urinary bladder mildly distended with urine and debris, urinary catheter hitting the apex.

Urinary catheter sutured too snug to the prepuce causing discomfort

Propofol 4.7 mLs IV titrated to effect - previous sutures removed and replaced with 3-0 PDS

6:40 am: SWO - Tululu did well overnight. Still producing very hemorrhagic urine. We will likely keep him throughout the day.

January 07, 2025 at 09:06 AM

Progress Note

Dr. KAGAN 1/7/25 (7am-7p)

BAR with normal vitals; MM pink/moist CRT <2s; corneas clear OU; no nasal d/c; no debris AU; no murmur or arrhythmia, femoral pulses strong and synchronous; eupneic, clear BV sounds; comfortable on abdominal palpation small to moderate sized urinary bladder soft; CN intact, ambulatory x 4; Over-conditioned; peripheral LN SSS; normal coat; IVC patent; urinary catheter in place producing hemorrhagic urine.

Active problem list:

Hematuria

Crystalluria

Obesity

Treatments:

LRS at 40 ml/hr Gabapentin 11.5 mg/kg PO g8h

Buprenorphine 0.017 mg/kg PO g8h

Clavamox 14.8 mg/kg PO q12h

Prazosin 0.06 mg/kg PO q12h

Monitoring:

Weight/temp q12h

Vitals q6h

RR/RE q2h

Ins/outs q4h

Electrolytes q12h

Plan:

CWCP

urine sediment - cocci and few rods noted.

POCUS of urinary bladder - marked suspended crystals/sediment. No discrete stones. No masses. Ucath in place - extends to apex of bladder.

SWO - patient is stable, but urine is still hematuric and crystals in urine again

we have a few options. Can either pull ucath now and send home to monitor. Possible patient will do well. If he does continue with meds and follow up with rDVM.

If re obstructs we either go through another round of treatment OR consider PU surgery. Since were dealing with care credit and only approved for 5500 owner may wish to elect for option one and move sooner to PU rather than wait for another episode in the future.

Last alternative is to continue with treatment here but we will have to increase estimate to 5500 to account for additional treatment moving forward.

Owner elected to take home and if re obstructs may look to do PU surgery.

Flushed bladder copiously with sterile saline until clear

removed Ucath and iVc

starting pradofloxacin 7.5mg/kg PO SID in addition to clavamox.

Hope to clear UTI and resolve symptoms. R/o resistance due to presence of ucath during treatment.

discharged 12p

TREATMENT SUMMARY

MEDICATION NAME	LAST ADMINISTERED	DOSE	ROUTE
Albuterol 90 mcg Inhaled	01/04/25 10:45 AM	1.00 puff	Inhaled
Calcium Gluconate 23% Injectable	01/04/25 10:58 AM	1.30 ml	IV
Gabapentin 100 mg Capsules	01/04/25 04:32 PM	100.00 mg	PO
Buprenorphine 0.5 mg/mL Injectable (compounded)	01/04/25 08:12 PM	0.17 mg	IV
Maropitant 10 mg/mL Injectable	01/06/25 07:08 PM	8.56 mg	IV
Midazolam 5 mg/mL Injectable	01/06/25 07:09 PM	1.68 mg	IV
Flumazenil 0.1 mg/mL Injectable	01/06/25 07:35 PM	0.08 mg	IV
Propofol 10 mg/mL Injectable	01/07/25 06:41 AM	47.00 mg	IV

DIAGNOSTIC	DATE	RESULT
VEG Doctor - POCUS Ultrasound	01/04/25 11:06 AM	see notes
Urinalysis - SediVue	01/04/25 11:28 AM	See attached
Radiographs - Single Image without Review	01/04/25 11:50 AM	https:// www.idexximagebank.com/ emailView? emailToken=ab50eb39-6c01-49c8- aaf1-c05c6ea09d5b
Feline Pro-BNP - SNAP Pro	01/04/25 12:04 PM	See attached
Chem8+ - i-STAT	01/05/25 12:07 PM	see BK notes
Urine Specific Gravity (USG) - Refractometer	01/06/25 02:01 AM	1.015
Complete Blood Count (CBC) - ProCyte	01/06/25 10:27 AM	See attached
Electrolytes - Catalyst	01/06/25 10:19 PM	See attached
Urine Specific Gravity (USG) - Refractometer	01/07/25 09:49 AM	1.022

FLUID NAME	START/END	RATE (ML/HR)
Lactated Ringers (LRS)	01/04/25 11:00 AM 01/05/25 01:42 PM	50.0 ml / hr
Lactated Ringers (LRS)	01/05/25 02:00 PM 01/06/25 07:29 PM	40.0 ml / hr
Lactated Ringers (LRS)	01/07/25 04:00 AM 01/07/25 10:28 AM	25.0 ml / hr

Written Prescriptions

MEDICATION NAME	INSTRUCTIONS
Hill's c/d multicare feline urinary diet	Feed as directed
Royal Canin urinary s/o feline diet	Feed as directed



Tululu (Perla) | #r26ybv5k | 4y 0m, MN, Cat

Dr. Benjamin Kagan

Saturday Jan 4 2025 (Day 1 of 4)

Saturday, Jan 4, 2025 (Day 1 c	14)																							
ORDER	12AM	1AM	2AM	ЗАМ	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	ЗРМ	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PN
VITALS																								
Weight											8.56 kg			8.5 kg							8.6	8 kg		
Temperature												97.	7 97.6 F								99	.4 F		
Heart Rate											200 BPM		224 BP		220 BPM						188	В ВРМ		
Respiratory Rate											40 BPM		32 BPM	3	2 BPM				3:	2 BPM			32 BPM	И
Respiratory Effort											ne			r	one				n	one			Norm	
Check Mucous Membranes (MM)											pink/tac	ŀ		F	P/T						Pink/ta	cl		
Note Capillary Refill Time (CRT)											<2 Seco	n		<	2 Secon						2 Seco			
Check Mentation											vocalizir	1		bar							qar)		
MONITORING																						_		
Note Defecation																								
Note Vomiting/Regurgitation																								
Pain Score Check																								
Check CRI/Fluid Rate																						•		
Note Total Ins															E	•								
Note Total Outs															E	1							E	3
Blood Pressure (BP)												IC												
DIAGNOSTICS																								
Electrolytes - Catalyst																								
Radiographs - Single Image witho																	D	ISCON	TINUE	01/04/	2025 2	:39PM		
VEG Doctor - POCUS Ultrasound																DISC	UNITNO	ED 01/0	04/202	5 11:38	AM			



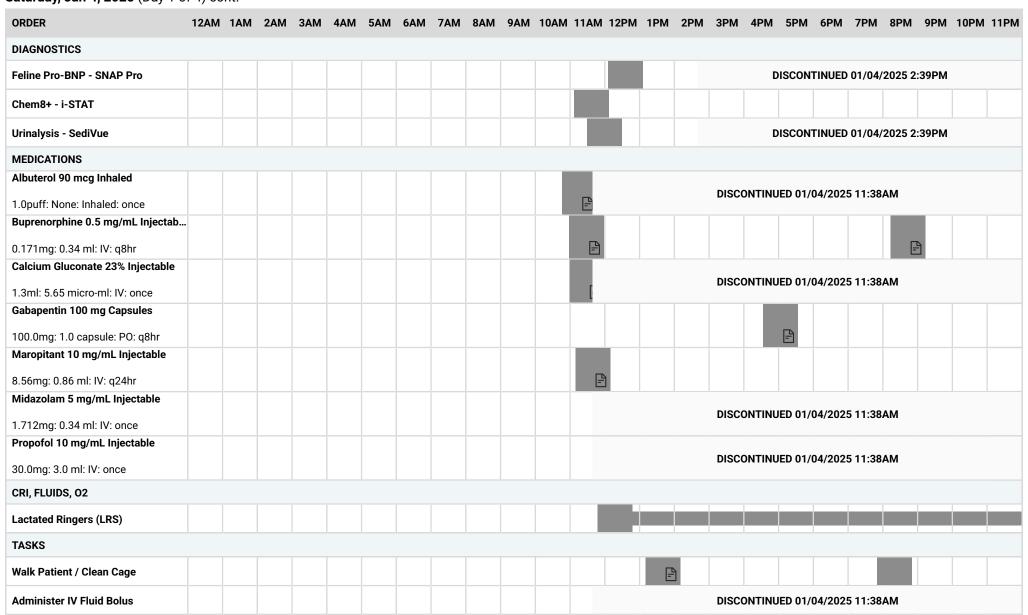




Dr. Benjamin Kagan

Saturday, Jan 4, 2025 (Day 1 of 4) cont.

Treatment Sheet











Dr. Benjamin Kagan

Saturday, Jan 4, 2025 (Day 1 of 4) cont.

Treatment Sheet

ORDER	12AM	1AM	2AM	ЗАМ	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	ЗРМ	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
TASKS																								
Inpatient Exam / Update																								
Feed Patient / Offer Food																								
Offer / Refill Water																								
Place Peripheral IV Catheter																		D	ISCONT	INUED	01/04/	2025 4:	36PM	
Flush IV Catheter																								
Administer IV Fluid Bolus																								
Monitor Appetite																								
Unblock Cat - Male											DISCONTINUED 01/04/2025 11:37AM													
Place Indwelling Urinary Catheter											DISCONTINUED 01/04/2025 11:37AM													







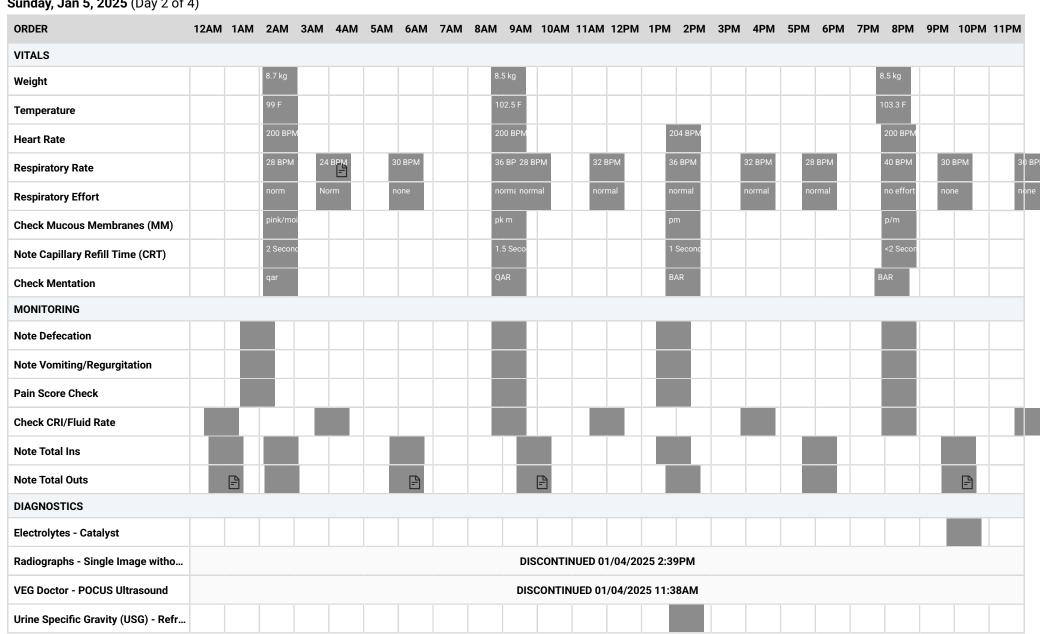


Tululu (Perla) | #r26ybv5k | 4y 0m, MN, Cat

Dr. Benjamin Kagan

954-519-5219

Sunday, Jan 5, 2025 (Day 2 of 4)



□ Notes







Tululu (Perla) | #r26ybv5k | 4y 0m, MN, Cat

Dr. Benjamin Kagan

Sunday Jan 5, 2025 (Day 2 of 4) cont

+) 0011	١.																						
12AM	1AM	2AM	ЗАМ	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3РМ	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
									DIS	CONTI	NUED 0	1/04/20	25 2:39	PM									
									DIS	CONTI	NUED 0	1/04/20	25 2:39	PM									
									DIS	CONTIN	IUED 01	/04/202	25 11:3	BAM									
									DI	SCONTI	INUED ()1/05/20	025 12:	25AM									
									DIS	CONTIN	IUED 01	/04/202	25 11:38	BAM									
									DI	SCONT	INUED (01/05/20	025 12:	26AM									
															DISC	CONTIN	IUED 01	1/05/20:	25 12:0	ЗРМ			
									DIS	CONTIN	IUED 01	/04/202	25 11:38	BAM									
									DIS	CONTIN	IUED 01	/04/202	25 11:3	ВАМ									
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			12AM 1AM 2AM	12AM 1AM 2AM 3AM	12AM 1AM 2AM 3AM 4AM	12AM 1AM 2AM 3AM 4AM 5AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM DISCRIPTION OF THE PROPERTY OF THE P	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM DISCONTIN DISCONTIN	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM DISCONTINUED 01 DISCONTINUED 01 DISCONTINUED 01 DISCONTINUED 01 DISCONTINUED 01 DISCONTINUED 01	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM DISCONTINUED 01/04/20 DISCONTINUED 01/04/202 DISCONTINUED 01/04/202 DISCONTINUED 01/04/202 DISCONTINUED 01/04/202 DISCONTINUED 01/04/202 DISCONTINUED 01/04/202	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM DISCONTINUED 01/04/2025 2:39 DISCONTINUED 01/04/2025 11:33 DISCONTINUED 01/04/2025 11:33	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 12:26AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/05/2025 12:26AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/05/2025 12:25AM DISCONTINUED 01/05/2025 12:26AM DISCONTINUED 01/05/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 12:25AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/05/2025 12:25AM DISCONTINUED 01/05/2025 12:25AM DISCONTINUED 01/05/2025 12:25AM DISCONTINUED 01/05/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/05/2025 12:25AM DISCONTINUED 01/05/2025 12:26AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM	12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM DISCONTINUED 01/04/2025 2:39PM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/05/2025 12:25AM DISCONTINUED 01/04/2025 11:38AM DISCONTINUED 01/04/2025 11:38AM





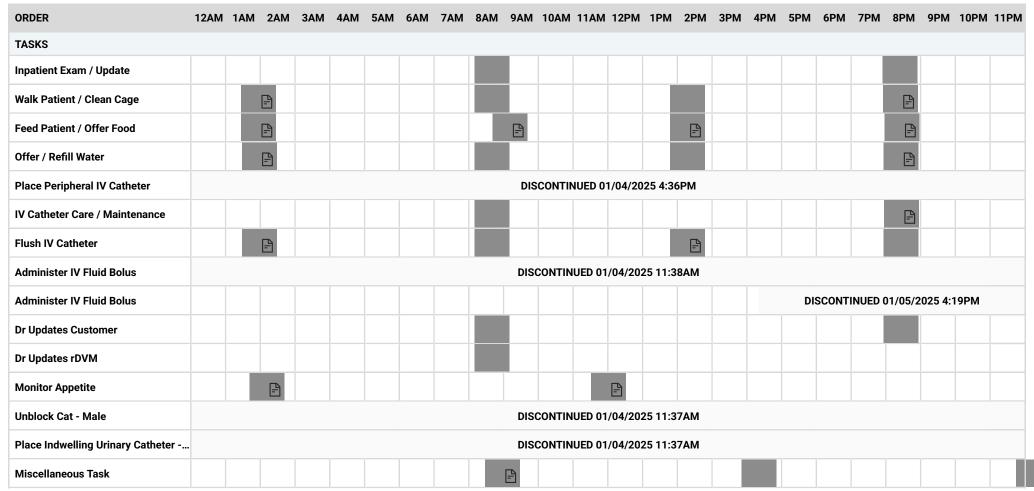




Tululu (Perla) | #r26ybv5k | 4y 0m, MN, Cat

Dr. Benjamin Kagan

Sunday, Jan 5, 2025 (Day 2 of 4) cont.





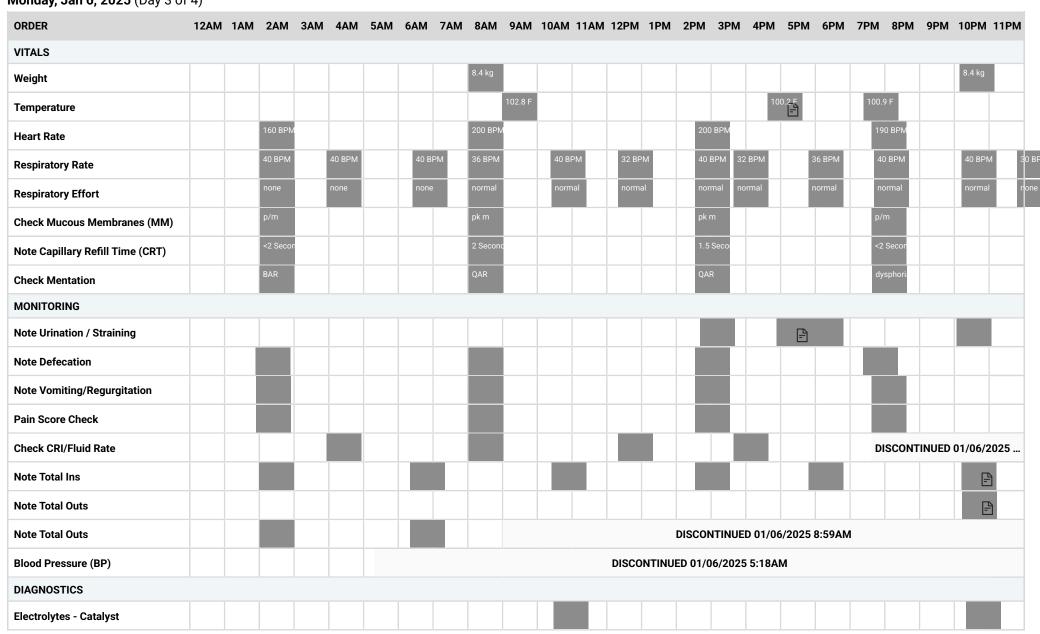


954-519-5219

Dr. Benjamin Kagan

Tululu (Perla) | #r26ybv5k | 4y 0m, MN, Cat

Monday, Jan 6, 2025 (Day 3 of 4)



□ Notes







Dr. Benjamin Kagan

Monday, Jan 6, 2025 (Day 3 of 4) cont.

ORDER	12AM	1AM	2AM	ЗАМ	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3РМ	4PM	5PM	6PM	7PM	8PM	9PM	10PM 11PM
DIAGNOSTICS																							
Complete Blood Count (CBC) - Pro																				DIS	CONTIN	IUED 01	/06/2025
Feline Pro-BNP - SNAP Pro										DIS	CONTI	NUED 0	1/04/2	025 2:39	ЭРМ								
Chem8+ - i-STAT																DISCO	NTINU	ED 01/0	06/2025	5 11:23 <i>E</i>	M		
Radiographs - Single Image witho										DIS	CONTI	NUED 0	1/04/2	025 2:3	ЭРМ								
VEG Doctor - POCUS Ultrasound										DISC	CONTIN	UED 01	/04/20	25 11:3	8AM								
Urinalysis - SediVue										DIS	CONTI	IUED 0	1/04/2	025 2:39	РМ								
Urine Specific Gravity (USG) - Refr																	D	ISCON	ITINUE	01/06	2025 2:	41PM	
MEDICATIONS																							
Albuterol 90 mcg Inhaled																							
1.0puff: None: Inhaled: once										DIS	CONTIN	UED 01	/04/20	25 11:3	8AM								
Buprenorphine 0.5 mg/mL Injectab																							
0.171mg: 0.34 ml: IV: q8hr										DIS	CONTIN	UED 01	/05/20	25 12:2	5AM								
Calcium Gluconate 23% Injectable																							
1.3ml: 5.65 micro-ml: IV: once										DIS	CONTIN	UED 01	/04/20	25 11:3	8AM								
Gabapentin 100 mg Capsules																							
100.0mg: 1.0 capsule: PO: q8hr										DISC	CONTIN	UED 01	/05/20	25 12:2	6AM								
Maropitant 10 mg/mL Injectable																							
8.56mg: 0.86 ml: IV: q24hr										DIS	CONTIN	UED 01	/05/20	25 12:0	ЗРМ								
Midazolam 5 mg/mL Injectable																							
1.712mg: 0.34 ml: IV: once										DIS	CONTIN	UED 01	/04/20	25 11:3	8AM								
Propofol 10 mg/mL Injectable																							
30.0mg: 3.0 ml: IV: once										DISC	CONTIN	UED 01	/04/20	25 11:3	MA8								





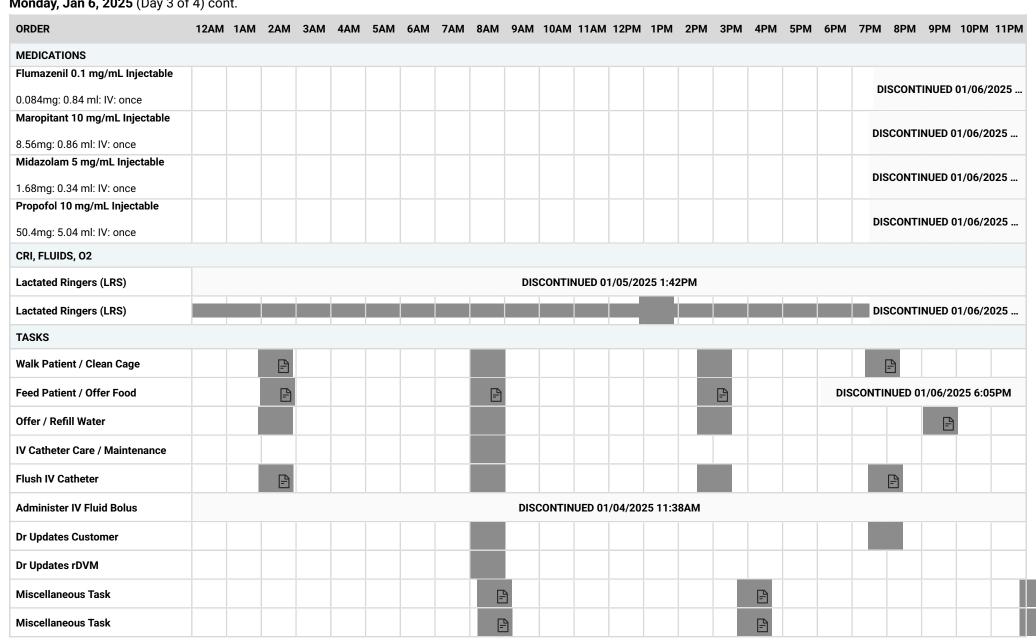




Dr. Benjamin Kagan

Monday, Jan 6, 2025 (Day 3 of 4) cont.

Treatment Sheet











Dr. Benjamin Kagan

Monday, Jan 6, 2025 (Day 3 of 4) cont.

Treatment Sheet

ORDER	12AM	1AM	2AM	ЗАМ	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3РМ	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
TASKS																								
Inpatient Exam / Update																								
Place Peripheral IV Catheter										DIS	CONTIN	IUED 0	1/04/20	25 4:36	БРМ									
Administer IV Fluid Bolus										DIS	CONTIN	IUED 0	1/05/20	25 4:19	РМ									
Monitor Appetite																								
Unblock Cat - Male										DIS	CONTIN	UED 01	/04/202	25 11:3	7AM									
Place Indwelling Urinary Catheter	-									DIS	CONTIN	UED 01	/04/202	25 11:3	7AM									
Miscellaneous Task																								
Miscellaneous Task												_												



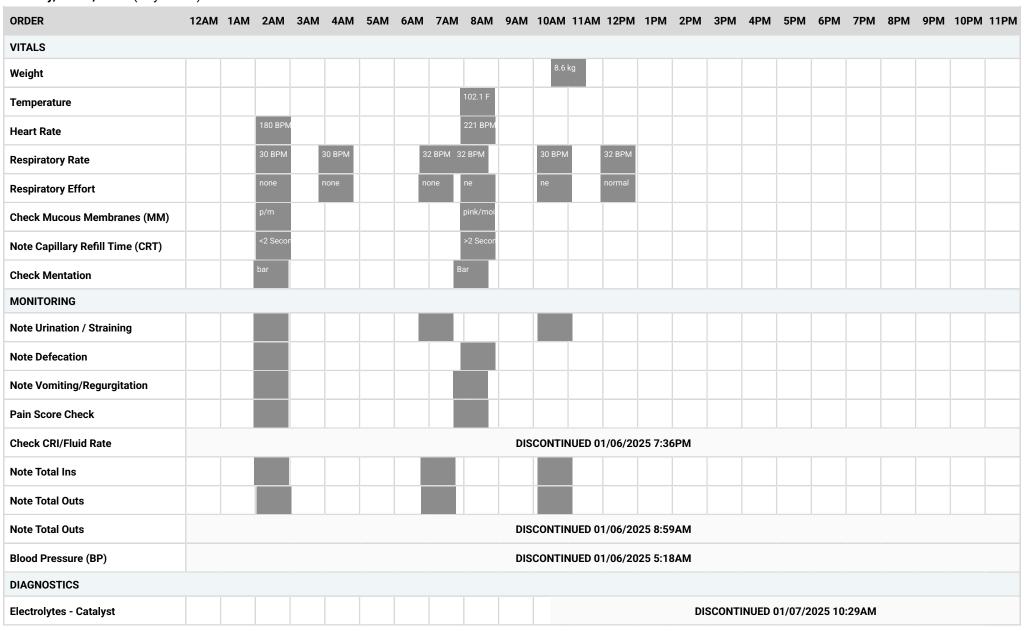




Tululu (Perla) | #r26ybv5k | 4y 0m, MN, Cat

Dr. Benjamin Kagan

Tuesday, Jan 7, 2025 (Day 4 of 4)







Dr. Benjamin Kagan

Tuesday, Jan 7, 2025 (Day 4 of 4) cont.

ORDER	12AM		2 A M	ЗАМ	4AM	5AM	6AM	7AM	8AM	QAM	10AM	11 AM	12P	M 1PM	2DM	3DM	4PM	5PM	6PM	7PM	8PM	ODM	10PM	11DM
	I ZMIVI	IAIVI	ZMIVI	SAIVI	AIVI	JAIVI	UAIVI	/ AIVI	OAIVI	7AIVI	IUAW	IAW	127	VI IFIVI	ZFIVI	35141	4F IVI	JF W	OFIVI	7 - 141	OFIVI	3F IVI	TUPIN	IIFIV
DIAGNOSTICS																								
Complete Blood Count (CBC) - Pro										DIS	CONTIN	IUED 0	1/06/	2025 7:2	8PM									
Feline Pro-BNP - SNAP Pro										DIS	CONTIN	IUED 0	1/04/	2025 2:3	9РМ									
Chem8+ - i-STAT										DISC	CONTIN	UED 01	/06/2	:025 11:2	23AM									
Radiographs - Single Image witho										DIS	CONTIN	IUED 0	1/04/	2025 2:3	9РМ									
VEG Doctor - POCUS Ultrasound										DIS	CONTIN	UED 01	/04/2	025 11:3	88AM									
Urinalysis - SediVue										DIS	CONTIN	IUED 0	1/04/	2025 2:3	9РМ									
Urine Specific Gravity (USG) - Refr																								
Urine Specific Gravity (USG) - Refr										DIS	CONTIN	IUED 0	1/06/	2025 2:4	1PM									
MEDICATIONS																								
Albuterol 90 mcg Inhaled																								
1.0puff: None: Inhaled: once										DIS	CONTIN	UED 01	/04/2	:025 11:3	B8AM									
Buprenorphine 0.5 mg/mL Injectab																								
0.171mg: 0.34 ml: IV: q8hr										DIS	CONTIN	UED 01	/05/2	:025 12:2	25AM									
Calcium Gluconate 23% Injectable																								
1.3ml: 5.65 micro-ml: IV: once										DIS	CONTIN	UED 01	1/04/2	:025 11:3	B8AM									
Gabapentin 100 mg Capsules										DIO	00NTIN	UED 04	, OF 10	005 40.0										
100.0mg: 1.0 capsule: PO: q8hr										DIS	CONTIN	OED 01	1/05/2	:025 12:2	(bAIVI									
Maropitant 10 mg/mL Injectable																								
8.56mg: 0.86 ml: IV: q24hr										DIS	CONTIN	UED 01	/05/2	:025 12:0	ЗРМ									
Midazolam 5 mg/mL Injectable																								
1.712mg: 0.34 ml: IV: once										DIS	CONTIN	UED 01	/04/2	025 11:3	B8AM									
Propofol 10 mg/mL Injectable	,						0				V				,								0	
30.0mg: 3.0 ml: IV: once										DIS	CONTIN	UED 01	/04/2	025 11:3	88AM									









Tululu (Perla) | #r26ybv5k | 4y 0m, MN, Cat

Dr. Benjamin Kagan

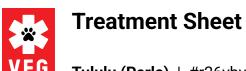
Tuesday Jan 7 2025 (Day 4 of 4) cont

Tuesday, Jan 7, 2025 (Day 4 o	1 4) 001	III.																						
ORDER	12AM	1AM	2AM	ЗАМ	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	12PM	1 1PM	2PM	3РМ	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PN
MEDICATIONS																								
Flumazenil 0.1 mg/mL Injectable																								
0.084mg: 0.84 ml: IV: once										DIS	CONTI	NUED 0	1/06/2	025 7:3	6РМ									
Maropitant 10 mg/mL Injectable																								
8.56mg: 0.86 ml: IV: once										DIS	CONTI	NUED 0	1/06/2	025 7:2	8PM									
Midazolam 5 mg/mL Injectable													0										,	
1.68mg: 0.34 ml: IV: once										DIS	CONTI	NUED 0	1/06/2	025 7:2	8PM									
Propofol 10 mg/mL Injectable																								
50.4mg: 5.04 ml: IV: once										DIS	CONTI	NUED 0	1/06/2	025 7:2	9PM									
Propofol 10 mg/mL Injectable																								
47.0mg: 4.7 ml: IV: once														DISCON	TINUE	01/07	2025 6	:41AM						
CRI, FLUIDS, O2								1	9		9	1	0		2)	4	N	4	.9		0)	4
Lactated Ringers (LRS)										DIS	CONTI	NUED 0	1/05/2	025 1:4	2PM									
Lactated Ringers (LRS)										DIS	CONTI	NUED 0	1/06/2	025 7:2	9РМ									
Lactated Ringers (LRS)															DI	SCONT	INUED (01/07/2	025 10	:28AM				
TASKS																								
Walk Patient / Clean Cage																								
Feed Patient / Offer Food										DIS	CONTI	NUED 0	1/06/2	025 6:0	5PM									
Offer / Refill Water																								
IV Catheter Care / Maintenance																								
Administer IV Fluid Bolus										DIS	CONTIN	UED 01	/04/20	025 11:3	8AM									
Miscellaneous Task																								
Miscellaneous Task																								









Dr. Benjamin Kagan

Tuesday, Jan 7, 2025 (Day 4 of 4) cont.

Tuesday, 3an 7, 2023 (Day 4 0)	,																							
ORDER	12AM	1AM	2AM	ЗАМ	4AM	5AM	6AM	7AM	MA8	9AM	10AM	11AM	12PM	1PM	2PM	3РМ	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
TASKS																								
Planned Discharge Time																								
Inpatient Exam / Update																								
Place Peripheral IV Catheter										DIS	CONTIN	UED 01	/04/20	25 4:36	РМ									
Flush IV Catheter																								
Administer IV Fluid Bolus										DIS	CONTIN	UED 01	/05/20	25 4:19	РМ									
Check for Owner Belongings																								
Dr Updates Customer																								
Dr Updates rDVM																								
Clean Patient																								
Remove IV Catheter																								
Remove IV Catheter Bandage																								
Monitor Appetite																								
Unblock Cat - Male										DISC	CONTIN	JED 01/	/04/20:	25 11:3	7AM									
Place Indwelling Urinary Catheter										DISC	CONTIN	JED 01/	/04/20	25 11:3	7AM									
Miscellaneous Task																								
Miscellaneous Task																								
Miscellaneous Task																								









Dr. Benjamin Kagan

Fort Lauderdale

1620 N Federal Hwv

Fort Lauderdale FL, 33305

954-519-5219

Tululu (Navarrete)

D.O.B.: 01/04/2021 | 4y 0m | Cat | Siamese | MN

Discharge Summary

Patient ID: r26ybv5k

Visit Date:

January 04, 2025 09:57 AM

Status: Discharged

Discharged Date: January 07, 2025 12:40 PM

CUSTOMER

Perla Navarrete 701 nw 65th terrace margate, FL 33063 786-512-7822 perlamnavarrete@yahoo.com

PRIMARY RDVM

No Primary Vet noemail@no.com

MEDICATIONS

Amoxicillin/Clavulanate 125 mg tab

Give 1 dose by mouth every 12 hours with food until finished.

Total Qty: 14.0 tablet Next Dose: 10pm

Prazosin 0.5 mg Tablets

Give 1 capsule by mouth every 12 hours for 4 days. Then once daily until finished.

Total Qty: 14.0 tablet Next Dose: 8am/8pm

Gabapentin 100 mg Capsules

Give 1 capsule by mouth every 8 hours. May cause mild sedation.

Total Qty: 20.0 capsule

Next Dose: -

Buprenorphine 0.5 mg/ml Oral Suspension (compounded)

Give 0.3 mls by mouth every 12 hours. May cause mild sedation.

Total Qty: 1.8 ml Next Dose: -

Pradofloxacin 25 mg/mL 15ml Bottle TGH

give 2.5mL by mouth once daily until finished.

Total Qty: 1.0 bottle Next Dose: tomorrow 10am

HOME CARE AND MONITORING

Feline lower urinary tract disease (FLUTD) is a chronic problem that could lead to life-threatening urinary blockage. There are several steps to take in order to help reduce risk of urinary blockage:

- 1. Provide at least one food bowl, one water bowl, and one litter box per cat plus 1. Locate the resources in quiet
- places where the cat is not startled during use and clean the litter boxes daily. 2. Provide opportunities for the cat to hide safely and explore its environment. Placing perches at windows so the cat can look outside and structures the cat can climb on seem to be important parts of environmental
- 3.Safe outdoor spaces (e.g., fenced enclosures) provide excellent environmental enrichment opportunities.

- 4. Provide a regularly scheduled time for petting, play, and/or trick teaching, working toward at least 10 minutes each day.
- 5. Identify and resolve intercat conflict to the extent possible.
- 6.Consider Hill's canned s/d or c/d.
- 7. Avoid stress such as traveling, bringing new pets into the household, changing the environment, etc.
- 8. Consider use of pheromones (Feliway)

MONITORING

If your pet is straining to urinate without producing urine or is showing any other signs of illness (vomiting, lethargy, reluctance to eat, difficulty breathing), seek veterinary attention immediately. It is common for cats to have small, frequent urinations for a few days after they are discharged. If these signs persist, please give us a call. Keep him confined to a small area separated from other cats so you can more readily monitor his urinations. Follow him to the litter box and watch to make sure urine is produced. Keep a small amount of litter in the pan and then clean after each urination. If he is unable to urinate, please call us as soon as possible.

DIET AND WATER:

Speak to your primary veterinarian regarding urinary diets. These are one of the best ways to prevent this in the future. Options include Hill's C/D, Royal Canin Urinary, and Purina Stox. Encourage water consumption by offering water in several locations in the home, using a water fountain, and substituting glass or china dishes for plastic or metal dishes. You may also add a small amount of tuna water or chicken broth for flavoring.

LIFE STYLE CHANGES:

Stressful situations tend to be correlated with flare-ups of FLUTD. Keeping his environment consistent and predictable is recommended. You may wish to add the feline pheromone diffuser, Feliway, to his environment. This product is available at pet stores. Environmental modification is an important aspect of treatment. The litter box should be cleaned daily.

MEDICATIONS:

- 1.Buprenorphine This is an opioid medication used in the management of short term painful conditions. Gently squirt this medication (or drip it) just under the tongue or in the cheek pouch for best effects. It is generally well tolerated, however occasionally nausea, excitement, mydriasis (pupil enlargement), hyperactivity and behavioral changes (excessive purring, rubbing, hiding, pacing) are observed, & rarely respiratory depression.
- 2.Gabapentin This is a pain medication that also causes sedation (sometimes used to keep pets calm during healing). Side effects may include ataxia (wobbly gait). It is generally well tolerated in dogs and cats.
 - 1. Clavamox 125mg tablets antibiotic, please give every 12 hours with food until finished
- 4 Pradofloxacin 25mg/mL suspension give once daily until finished. With food ideally.
- 5 . Prazosin 0.5mg tablets anti spasmodic if he is giving you trouble with medication this is the least important. But you give 1 capsule by mouth every 12 hours ofr the next 2-3 days. Then once daily for one week.

FOLLOW-UP:

If your pet is doing well at home and urinating properly, no follow-up is needed. Follow-up with your primary vet for routine care.





SPECIES: Feline

BREED:

GENDER: Male Neutered

AGE: 4 Years

PATIENT ID: r26ybv5k

VEG Fort Lauderdale

1620 N Federal Hwy, Ft. Lauderdale, FL 33305

(954) 519-5219 ACCOUNT #:

ATTENDING VET: Marilyn Prieto

LAB ID:

260575982 ORDER ID: DATE OF RECEIPT: 1/4/25 DATE OF RESULT: 1/4/25

IDEXX Services: SediVue Dx Urine Sediment Analyzer, IDEXX VetLab UA Analyzer

Urinalysis			€
1/4/25	11:36 AM	1/4/25 11:29 AM	1/4/25 11:27 AM
TEST	RESULT		
Collection			Catheter
Color			Red
Clarity			Very Cloud
Specific Gravity			1.034
рН			7.0
Urine Protein			500
Glucose			neg
Ketones			neg
Blood / Hemoglobin			250
Bilirubin			neg
Urobilinogen			norm
White Blood Cells	18 /HPF		
Red Blood Cells	>50 /HPF		
Bacteria, Cocci	None detected		

None detected

<1 /HPF

Bacteria, Rods

Epithelial Cells

Squamous





PET OWNER: PERLA NAVARR...

DATE OF RESULT: 1/4/25

LAB ID:

Urinalysis (continued)

TEST

Non-Squamous Epithelial Cells

>10 /HPF

RESULT

Hyaline Casts None detected

Non-Hyaline

Casts

None detected

Calcium Oxalate

Dihydrate Crystals None detected

Struvite Crystals

<1 /HPF

Ammonium Biurate Crystals

None detected

Bilirubin Crystals

None detected

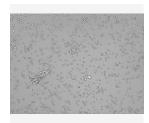
Unclassified Crystals

None detected

Images







Download

Download

Download

SediVue Dx:

Test results for the latest analyzer run have been multiplied by the dilution factor for a dilution of 1 in 10 total.

Significant pyuria with hematuria and proteinuria: Consider upper or lower urinary tract inflammation or infection, urinary calculi, neoplasia, and hemorrhage. If indicated, consider diagnostic imaging or testing for bleeding disorders.

Reevaluate proteinuria after resolution.

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

SediVue Dx:





PET OWNER: **PERLA NAVARR...**

DATE OF RESULT: 1/4/25

LAB ID:

Urinalysis (continued)

Images crowded. Review images to determine next step and perform one of the following:

Images provide clinical insight; No dilution needed, add comments to patient record.Moderate amount of cells or crystalline material; Dilute 1:5 with 0.9% normal saline and rerun.Marked amount of cells or crystalline material; Dilute 1:10 with 0.9% normal saline and rerun.

IDEXX VetLab UA:

Consider re-evaluation of proteinuria after resolution of active sediment.





SPECIES: Feline

BREED:

GENDER: Male Neutered

AGE: 4 Years

PATIENT ID: r26ybv5k

VEG Fort Lauderdale

1620 N Federal Hwy, Ft. Lauderdale, FL 33305

(954) 519-5219 ACCOUNT #:

ATTENDING VET: Marilyn Prieto

LAB ID:

ORDER ID: 260581210

DATE OF RECEIPT: 1/4/25

DATE OF RESULT: 1/4/25

IDEXX Services: SNAP Pro

Chemistry



1/4/25 12:04 PM

SNAP Feline

proBNP

RESULT Abnormal





SPECIES: Feline

BREED:

AGE:

GENDER: Male Neutered 4 Years

PATIENT ID: r26ybv5k

VEG Fort Lauderdale

1620 N Federal Hwy, Ft. Lauderdale, FL 33305

(954) 519-5219

ACCOUNT #: ATTENDING VET: Alexis Marti LAB ID:

260770156 ORDER ID: DATE OF RECEIPT: 1/6/25

DATE OF RESULT: 1/6/25

IDEXX Services: Catalyst One Chemistry Analyzer

Chemistry				
1/6/25	10:18 PM		1/6/25 10:35 AM	1/5/25 9:44 PM
TEST	RESULT	REFERENCE VALUE		
Sodium	161	150 - 165 mmol/L	161	160
Potassium	3.7	3.5 - 5.8 mmol/L	3.6	3.8
Na: K Ratio	43		45	42
Chloride	116	112 - 129 mmol/L	115	116





SPECIES: Feline

BREED:

GENDER: Male Neutered

PATIENT ID: r26ybv5k

AGE: 4 Years **VEG Fort Lauderdale**

1620 N Federal Hwy, Ft. Lauderdale, FL 33305

(954) 519-5219 ACCOUNT #:

ATTENDING VET: Benjamin Kagan

LAB ID:

260667452 ORDER ID: DATE OF RECEIPT: 1/6/25 DATE OF RESULT: 1/6/25

IDEXX Services: ProCyte Dx Hematology Analyzer, Catalyst One Chemistry Analyzer

Hematology



1/6/25	10:27 AM		
TEST	RESULT	REFERENCE VALUE	
RBC	6.89	6.54 - 12.20 M/µL	
Hematocrit	28.2	30.3 - 52.3 %	L
Hemoglobin	10.0	9.8 - 16.2 g/dL	
MCV	40.9	35.9 - 53.1 fL	
MCH	14.5	11.8 - 17.3 pg	
MCHC	35.5	28.1 - 35.8 g/dL	
RDW	23.7	15.0 - 27.0 %	
% Reticulocytes	0.1	%	
Reticulocytes	3.4	3.0 - 50.0 K/μL	
Reticulocyte Hemoglobin	14.0	13.2 - 20.8 pg	
WBC	16.12	2.87 - 17.02 K/μL	
% Neutrophils	80.5	%	
% Lymphocytes	11.8	%	
% Monocytes	3.8	%	
% Eosinophils	3.8	%	
% Basophils	0.1	%	
Neutrophils	12.97	2.30 - 10.29 K/μL	H
Lymphocytes	1.91	0.92 - 6.88 K/μL	
Monocytes	0.61	0.05 - 0.67 K/μL	
Eosinophils	0.62	0.17 - 1.57 K/μL	
Basophils	0.01	0.01 - 0.26 K/μL	
Platelets	191	151 - 600 K/μL	
MPV	16.6	11.4 - 21.6 fL	
Plateletcrit	0.32	0.17 - 0.86 %	



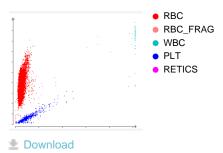


PET OWNER: **PERLA NAVARR...**

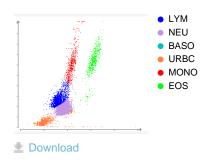
DATE OF RESULT: 1/6/25

LAB ID:

RBC Run



WBC Run



Anemia without reticulocytosis - Likely non-regenerative anemia; consider pre-regenerative anemia.

Chemistry



One mon y				
1/6/25	10:35 AM		1/5/25 9:44 PM	1/4/25 5:01 PM
TEST	RESULT	REFERENCE VALUE		
Sodium	161	150 - 165 mmol/L	160	158
Potassium	3.6	3.5 - 5.8 mmol/L	3.8	5.5
Na: K Ratio	45		42	29
Chloride	115	112 - 129 mmol/L	116	116

```
Patient ID:
                 tululu
Result Date:
01/05/2025 12:35
      Result Info
                   mEq/L
           150
Reference Range:
                145 - 157
                   mEq/L
           3.5
Reference Range:
3.4 - 4.9
          119
                   mEq/L
                116
Reference Range
     21
TCO2
                 mEq/L
Reference Range:
                  16 - 24
          34
                  mg/dL
Reference Range:
                  17 - 35
Crea
          1.8
                  mg/dL
Reference Range:
0.8 - 2.0
                  mg/dL
          88
Glu
Reference Range:
70 - 161
       1.02 ↓
i Ca
                  mmo I/L
Reference Range:
1.04 -
                    1.44
       15 mEq/L
AnGap
Reference Range:
                  8 - 20
       32
                   %PCV
Hct
                  26 - 50
Reference Range:
         10.9
Hb*
Reference Range:
9.0 - 17.0
↑/$ - Abnormal High/Low
Sample Type:
                     Cat
     \Diamond \Diamond \Diamond \Diamond \Diamond
Operator ID:
                      st
    \diamond \diamond \diamond \diamond \diamond
Cartridge Lot:
                H24284
Internal Simulator: Pass
Instrument: 807246
Profile: Zoetis USA
Firmware:
OSi20(A-500.3.44-1)
CLEW:
Record Printed:
01/05/2025 12:37
```

Physician Name

#r26ybv5k

Tululu

4y 0m Male, Neutered Siamese - Cat

rDVM: No Primary Vet
Urinary Obstruction

8.56 kg

SEDATION MONITORING SHEET

Date: 1/4/24 Dr: <u>Prieto</u>	Nurse: Mitch / Raquel	
Patient Name: Tululu		Perla Navarrete (786) 512-7822
Procedure: Uninary Obstruction		
Weight (kg): <u>\$.56</u>		
Pre-sedation Vitals: T: P: 200 R: 40		

Pre-sedation Blood work: Chem 8⁺

Medication	Dose (mg/kg or mcg/kg)	Amount (mg)	Volume (mL)	Route	Time/Initials
Buprenorphine O. 5 mg/ml inj	0.02 mg/kg	0,171mg	0.34mL	IV	@ 10:50A MD
Calcium Gluconate 23% inj	34.93mg/kg	299mg	1.3mL	IV	Slow over 10 min @ 10:50A
Midazolam 5mg/ml inj	0,2mg/kg	1.712 mg	0,34ml	IV	@ 11:08AM M
Maropitant long/mLin;	Img/kg	8.56mg	O. 86mL	IV	@ 10:48 AM MO
Propoful 10mg/mL	WANG 18 3,505 mg/kg	30 mg	1.3mL drawn	IV	titrated during procedure

TIME	02 (L/min)	ECG (HR, rhythm)	SP02 (%)	Temp (F)	RR/RE	MM/CRT	BP (mmHg)	IVF (type, mL/hr)	Notes
1100	34min	171			28	pink/t		5mi 1kg 1501US 42mis our 201	min 1
11-19 AM		137	100		2824	pink/t		1	(7
11-17	0-7777	137							
			1.15" -			1 20 T			, 0 ₁₁₁ ds.
1	1,21,28		Pake Vis			i è	17 } 44 5		N 1 1 2 1
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		1910	,						
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Post Procedure:							
Reversals Used:_			3.11 11				
Recovery Notes:_	BAR,	HR: 224	RR: 32	97.60	- Post-op		











