

**FELINE THYROID CLINIC**  
[www.felinethyroidclinic.com](http://www.felinethyroidclinic.com)  
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## REFERRAL FORM FOR 131-IODINE TREATMENT

### Within 90 days of treatment date:

- 1) Physical Examination
- 2) CBC, chemistry panel and urinalysis including urine specific gravity
- 3) If urine specific gravity is less than 1.035, a methimazole or Y/D trial \*\*

To be referred, cats must be adequately eating and drinking without support (no parenteral fluids or assisted feedings). Oral medications or insulin administration are allowed during treatment

Cats with “apathetic” hyperthyroidism (i.e. anorexia) should also have thoracic/abdominal radiographs and other indicated diagnostic tests to rule out occult neoplasia or other illness prior to referral. If cardiac disease is suspected (loud murmur, HR>240/min, dyspnea, pleural effusion), then echocardiography and/or IDEXX pro-BNP blood testing is indicated prior to referral.

### REFERRING DVM INFORMATION:

Referring hospital:

DVM name:

Fax:

E-mail:

### PATIENT INFORMATION:

OWNER:

Phone:

CAT NAME:

Mc Fs AGE:

CURRENT WEIGHT:

ORIGINAL WEIGHT:

### THYROID TESTING INFORMATION:

Accurate dosing of 131-iodine requires knowing the cat’s highest total T4 level. Usually this is the total T4 value at initial diagnosis if the sample was submitted to a reference laboratory and the cat was diagnosed within the preceding 12 months. If in-house lab testing was used to establish the diagnosis and the result was “>7 ug/dl” or “>10 ug/dl”, then additional thyroid testing will be needed before referral. Also, if the cat’s initial diagnosis was more than 12 months before the referral date, then additional thyroid testing may be needed. Call or email our clinic for more details.

Total T4 at initial diagnosis:

Date:

Highest total T4 (if different)

Date:

Free T4 (if performed):

Date:

(“>” values are OK for free T4 results)

PALPABLE THYROID MASS/NODULE(S) PRESENT?

Yes No

Diameter > 2 cm?

Yes No

**RENAL FUNCTION EVALUATION \*\***

Prior to radioiodine treatment it is prudent to evaluate the adequacy of the cat's renal function since resolution of hyperthyroidism can unmask pre-existing renal insufficiency. Although there is no 100% specific test that will predict renal function once euthyroidism is achieved, either a urine specific gravity of 1.035 (or greater) or a 3 week methimazole or Y/D trial (with BUN/CRE in reference range on concluding blood sample) predict a high probability of not having significant renal failure after radioiodine treatment.

*Not all cats can tolerate methimazole, or be medicated, or have owners who want to complete a methimazole or Y/D trial prior to radioiodine therapy. If the owners have been notified of the risks of possible post <sup>131</sup>I renal failure by the referring D.V.M. and still want to pursue treatment, these cats will be considered for treatment.*

Urine specific gravity: \_\_\_\_\_ Date: \_\_\_\_\_  
(If > 1.035, then methimazole or Y/D trial not needed)

Methimazole or Y/D trial performed? Yes No Date of concluding blood draw:

BUN: \_\_\_\_\_ CRE: \_\_\_\_\_ T4: \_\_\_\_\_

Methimazole administered: Yes No Current daily dose/route:

Side effects: Yes No If Yes, please describe:

**ABNORMAL FINDINGS ON PHYSICAL EXAM, RADIOGRAPHS OR ULTRASOUND** Yes No  
If Yes, please describe:

**OTHER HEALTH PROBLEMS OR MEDICATIONS OTHER THAN METHIMAZOLE?** Yes No  
If Yes, please describe:

After referral form submission, have clients call the Clinic (541.744.2966) to schedule treatment. Please fax (or e-mail) copies of the cat's lab work to the Clinic (fax = 541.744.2966). This form may also be completed via e-mail at [www.felinethyroidclinic.com](http://www.felinethyroidclinic.com).