

North West Nuclear Medicine for Animals

Checklist for veterinarians for referral for Radioiodine therapy

Date _____ Patient _____ Owner's Name _____

Name of referring veterinarian/clinic _____

In order to help us better treat your patients, please take a few moments to complete the following patient information sheet and checklist and fax/email at time of referral.

1. The following are **required** within one month of therapy: **CBC, chemistry panel, T4 (from IDEXX or True North), urinalysis and scout thoracic radiographs for all patients travelling long distance for treatment**

*Urine culture is recommended – up to 22% of hyperthyroid cats have a UTI

*ECG/Ultrasound/radiographs are required if there is a cardiac arrhythmia or loud murmur.

*Radiographs/US are required if palpable abdominal masses

*Total body “scout” radiographs are recommended but not required for all patients

2. Please note your patient's T4 at diagnosis _____ nmol/L on (date) _____
and highest recorded serum T4 level _____ nmol/L. on (date) _____

3. Please note your patient's most recent potassium level. If potassium is low or below normal please supplement potassium BID.

3. Please grade your patient's hyperthyroid status based on the severity of clinical signs (mild, moderate or severe) Weight loss _____; polyuria _____; polydipsia _____; Heart rate* _____ bpm; heart murmur (grade) _____; tachypnea/panting _____; hyperexcitability _____.

*Please note that cats with heart rates of 220bpm or greater in clinic should probably receive atenolol 6.25mg po prior to travel.

4. If your patient is on a special diet please instruct the owners to supply the diet.

5. Approximate size of thyroid nodule in cm Right _____ Left _____

6. Does this patient require any medication while undergoing radioiodine therapy? Please specify drug name, dosage and frequency of administration. Please instruct the owners to bring medications with them at the time of admission.

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7. Is there any concurrent disease which may affect this patient during hospitalization?
8. Please comment on your patient's personality: Friendly/Shy/Fearful/Fractious.
9. Does this patient suffer from anorexia when stressed or hospitalized?
Yes/No/Unsure
10. Any other comments that may be helpful? Thank you for your help!