



Checklist for Veterinarians for Referral for Radioiodine Therapy

Date _____ Patient _____ Owner's name _____

Name of referring veterinarian and clinic _____

Contact information _____

In order to help us better treat your patients, please take a few moments to complete the following patient information sheet and checklist and email (liane@riverviewah.ca) or fax prior to referral appointment (506-387-7656). Please attach any additional information you think we should know about your patient.

1. The following are **required** within 1 month of radio-iodine therapy: **CBC, chemistry panel, T4** (quantitative – not in-house Idexx – see below) and **urinalysis**.

*If your patient has a cardiac arrhythmia or loud murmur, ECG/ultrasound/radiographs are suggested (unstable cardiac patients would be considered high risk for procedure)

*If palpable abdominal masses or changes in bloodwork outside of what is expected for being hyperthyroid, radiographs and/or ultrasound are suggested

*Total body survey radiographs are recommended but not required for all patients

***Idexx T4 results are semi-quantitative, and occasionally inaccurate, so are not useful for determining dose of I-131.

2. Please note your patient's pretreatment T4 _____nmol/L on (date) _____ and highest recorded serum T4 level _____nmol/L on (date) _____.
3. Please grade your patient's hyperthyroid status based on severity of clinical signs (mild, moderate, severe).

Weight loss _____ Polyuria _____ Polydipsia _____ Heart rate _____ bpm

Heart murmur (grade) _____ Tachypnea/panting _____ Hyperexcitability _____

***If cat's heart rate is greater than 240 bpm, please initiate atenolol therapy prior to referral.

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24 Hour Emergency Care

4. Please assess appetite: Voracious Good Fair Picky

If your patient is on a prescription diet, please instruct owner to bring enough of cat's food for approximately 10 days.

5. Approximate size of thyroid nodule (cm) Right _____ Left _____

6. Does this patient require any medication while hospitalized for radio-iodine therapy? Please specify drug name, dosage, and frequency of administration. If atenolol is required, please dispense enough for 2 weeks. Please instruct owners to bring medications with them at time of admission.

7. Is there any concurrent disease which may affect this patient during hospitalization?

8. Please comment on patient's personality – friendly shy fearful fractious

Fractious patients may require sedation prior to radio-iodine injection to avoid a radiation spill.

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 referral, and for helping ensure we have all the information needed to treat your patient successfully.

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