

Radio-Iodine Therapy Checklist for Referring Veterinarians

Date: _____ Patient's Name: _____ Owner's Name: _____

Contact Information: _____

Referring Doctor: _____ Referring Hospital: _____

To help us better treat your patients, please take a few moments to complete the following patient information sheet and checklist. Once completed, send an email to Dr. Christine Roussel <dr.christine@riverviewah.ca> or fax the documents to 506.387.7656 prior to the referral appointment. 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 the 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. They are not useful for determining dose of I-131

2. Please note your patient's pre-treatment 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 the severity of clinical signs (mild, moderate, severe).

Weight loss _____ Polyuria _____ Polydipsia _____ Heart rate _____ bpm

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

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

4. Please asses appetite: Voracious Good Fair Picky

*If your patient is on a prescription diet, please instruct the owner to bring enough of the 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 the drug name, dosage, and frequency of administration. If atenolol is required, please dispense enough for 2 weeks. Also, please instruct the owner to bring medications with them at the time of admission.

7. Is there a concurrent disease that 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.