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Radioiodine Therapy Request Form

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Referring Hospital _____
Veterinarian _____ Date _____
Phone _____ Fax _____
Patients Name _____
Sex: M M/N F F/S Weight _____ lb _____ kg
Breed _____ Age or DOB _____
Owner's Name _____
Phone _____

Please fax a copy of the most recent blood work/ UA (done within the last 2 months, including the highest T4 value on record)

Total and/or Free T4 at time of diagnosis: Total T4 _____
Free T4 _____
Highest T4 _____ **A whole number is necessary for dosing
(> values cannot be accepted)**

Urine Specific Gravity (preferably done at same time as blood work) _____

Palpable Thyroid Nodule? Yes No

Tapazole Administered? Yes No

While on Tapazole (only if applicable): Total T4 _____ BUN _____
Free T4 _____ Creat _____
Urine Specific Gravity _____

Tapazole may be continued until the date of treatment. If discontinued, on what date? _____

Clinical Signs

Appetite: Increased Normal Decreased Anorexia
Weight loss: Yes No
Polyuria: Yes No
Lethargy: Yes No
Vomiting: Yes No

Abnormalities on thoracic auscultation, abdominal palpation or radiographs? Yes No
If yes, please explain... _____

Other concurrent health problems? Yes No
If yes, please explain... _____

Medications other than Tapazole: _____

Thank you for your referral.
As an extension of your hospital, we will do everything we can to reflect positively on your practice.

Pre Radioiodine Therapy Referral

Minimum Required Database

The following tests are **REQUIRED** within 2 months of treatment date:

- ❑ Thorough physical examination
- ❑ Complete blood work- including CBC, chemistries, and T4
 - ** the radioiodine dose is determined by the highest T4 value, please include a copy of the blood work indicating that value*
 - **for accurate dosing the T4 value should be a whole number (" >" values cannot be accepted)*
- ❑ Please perform a **Urine Specific Gravity** at the same time as the blood work to aid in interpretation of renal values
- ❑ Completed I-131 request form

*Note: Please fax us these results at least **10** days prior to admission for review.*

Tapazole Trial

- ❑ A Tapazole trial is recommended on all patients that can tolerate the treatment or can be medicated (see **attached letter**)
- ❑ Tapazole may be continued until the day of treatment with I 131.

Cardiac

- ❑ If the patient has a heart murmur or other cardiac abnormality thoracic radiographs and an echocardiogram would be recommended.
- ❑ As an added service, pre-radioiodine echocardiograms are available at VDIC. The client pays for the echocardiogram (\$420) and this fee is credited towards radioiodine therapy, if treatment is pursued, making this service complimentary.

Radiographs

- ❑ If there are clinical signs that suggest concurrent disease may be present, screening thoracic and/or abdominal radiographs to rule out occult neoplasia or other abnormalities would be recommended.



Scheduling an Appointment

- ❑ Fax completed radioiodine request form, blood work and UA to VDIC for treatment approval
- ❑ VDIC will contact the owner after the patient has been approved for treatment to schedule the appointment. Cats are treated in groups every Tuesday.
- ❑ A packet of information will be mailed to the owner, the owner can also download and print the packet from our website at: www.vdic.com/i131packet
- ❑ The owners should bring the cats to VDIC at their scheduled appointment time.
- ❑ Appointments that are cancelled or rescheduled for any reason after noon the day prior to their appointment will be charged a cancellation fee of \$175.
- ❑ Hospitalization and post-treatment instructions will be explained at the time of admission.

Follow Up

- ❑ Follow up blood work including T4 levels at 1, 3, and 12 months post therapy is recommended. Please fax us a copy of the results for our records.
- ❑ If pretreatment renal status is borderline or compromised post therapy monitoring of the BUN, creatinine, and urine specific gravity would also be recommended.
- ❑ Less than 2% of all cats treated at VDIC since 2000 have required retreatment. Recurrences will be retreated at no additional cost.



Tapazole Trial Information

Hyperthyroid cats can have progressive renal disease following radioiodine therapy because their glomerular filtration rate will decrease once thyroid function has returned to normal. It was previously believed that normal BUN and creatinine and a specific gravity greater than 1.035 could accurately predict those patients that would have stable renal status post therapy. On a recent report, there was no routine bloodwork or urine specific gravity parameters that could predict which patients would develop post treatment renal disease, so a pretreatment Tapazole trial is now routinely recommended. Tapazole should be administered until the patient is euthyroid (variable, but usually 2-3 weeks) and **total T4, BUN, creatinine, and urine specific gravity** should be rechecked. If the patient's renal status remains stable when euthyroid, the patient can be considered for radioactive iodine therapy.

The patient can remain on Tapazole until the day of treatment.

Please note that this is a screening procedure and does not guarantee that renal function will remain stable following therapy.

We understand that not all patients can tolerate Tapazole, can be pilled, or have owners who want to pursue a Tapazole trial. If the owners have been counseled on the risks of underlying renal disease and decline a Tapazole trial, please indicate below and these patients will be considered for treatment.

- A Tapazole trial is planned and follow-up blood work and UA specific gravity will be faxed to VDIC on_____.
- Patient has been on Tapazole and has stable renal status when euthyroid
- Renal parameters worsened during Tapazole trial, but owner chooses radioiodine therapy and is aware of the risks.
- Owner has declined Tapazole trial and is aware of the risks

Thank you for choosing VDIC- Radioiodine Therapy, the best treatment for hyperthyroidism!

Please fax this completed form back to VDIC – Radioiodine Therapy at: **503-722-8076**