Radioiodine treatment for Hyperthyroid Cats

REFER

0345 544 4300

REFER

Case Selection

1. Newly diagnosed

Clinical history may include:

- Polyphagia
- Weight loss
- Increased activity
- Sickness
- Diarrhoea
- PU PD
- Tachypnoea

Which tests?

Biochemistry

Electrolytes

Prior to referral we require:

Haematology
Endocrinology

Physical findings may include:

- Goitre Tachycardia
- · Low body condition score
- Low muscle score
- Hypertension

Diagnostics include:

 Total T4 above reference interval



Referral Options

Which laboratory?

Whenever possible please send all submissions to IDEXX Wetherby using your own account with our Panel Codes, or our IDEXX Submission Form (available at www.hyperthyroidcatcentre.co.uk or by calling us on 0345 544 4300). This avoids variability between different laboratories.

Option 1 REFER

Register at

www.hyperthyroidcatcentre.co.uk

- Complete on-line referral form
- Upload clinical history
- Upload laboratory results
- Give Client Information Booklet to client*

Without registering at

www.hyperthyroidcatcentre.co.uk

- Download interactive pdf referral form and return via email enquiries@hyperthyroidcatcentre.co.uk, with clinical history and laboratory results
- Download pdf referral form and print it, complete and return via fax or post, with clinical history and lab results
- Give Client Information Booklet to client*

2. Established well-controlled diagnosis

including total T4

and TSH

• As 1 but euthyroid using methimazole or iodine-depleted diet.

Do not change REFER medication

Call to

Prior to referral we strongly encourage:

• BP estimation and retinal fundoscopy

• Urinalysis to include SG and UPC



Cat Centre® Option 3

Fax or post

Clinical history and laboratory results

- Fax: 0345 544 0300
- Address: 433 Birch Park, Thorp Arch, Wetherby, West Yorkshire LS23 7FG
- Give Client Information Booklet to client*

Call us

on 0345 544 4300

Give Client Information Booklet to client*

*available as pdf at our website or in paper form on request

3. Unstable diagnosis or with co-morbidities

As 1 but may include

- Diabetes mellitus
- Congestive heart failure
- Chronic renal disease
- Hypertension
- FeLV / FIV / Coronavirus
- Prior thyroidectomies
- Pancreatitis

4. Ambiguous diagnosis

- Clinical history and physical findings may be subtle or absent
- Diagnostics typically total T4 in upper third of euthyroid range

Options include:

- Re-test the current sample using reference laboratory
- Test free T4 on the current sample
- Test TSH on the current sample
- Check for co-morbidities (that may depress T4 to euthyroid range)
- Consider scintigraphy
- Repeat the above in 6-8 weeks' time



Which thyroid function tests?

Total T4 is:

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- Supportive when in upper third of RI
- Sensitive to NTI and in FH upper third of RI

Free T4:

Option 4

Option 2

- Excludes FH when in RI

- Can exceed RI in ~16% of

TSH:

- Depressed below RI in ~99% of FH

- Levels above 1ng/ml may support