

Patient Name:	Owner Name:
Breed:	Age: Sex: M NM F SF
Referring Veterinarian:	Phone:
Below are guidelines/requirements for referral for I-131 Therapy. If you have any questions, please let us know and we can help you and your client through the process.	
Tapazole or methimazole trial for at lea	ast three weeks. **Patients that have reactions may be treated without the trial**
CBC, Chem Panel, T4 after normalization of thyroid levels with antithyroid medication to evaluate adequate kidney function. If no dramatic worsening of kidney function is detected, then the cat is considered a good candidate for I-131 therapy.	
Bloodwork (CBC, Chem Panel, T4) at th	ne time hyperthyroidism was first diagnosed.
Highest T4 level (may be the first)	
inform our office if ultrasound is need lymph nodes are seen, fine needle asp	gram (is included in the cost of therapy). Just ed and we can schedule these to be performed. If enlarged pirate for cytological review may be needed to determine ogram is performed to see how the heart has responded to
Urinalysis including specific gravity measured by a refractometer.	
CBC and chemistry panel within 30 day	ys prior to admission.
OFF methimazole therapy for 7-10 days.	
Please send your patient's medical record to our office prior to I-131 consultation. This will help us prepare for your patients' treatment. Medical records can be faxed to 559-451-0808. You may also contact our office at 559-451-0800.	
	all inclusive. The cost includes: three day hospital stay, home care nal ultrasound, and echocardiogram.