



Centers
For The Treatment of
Feline Hyperthyroidism
Toll Free (866) 467-TCAT (8228)
FAX (631) 467-3946
www.ThyroCat.com

PATIENT MEDICAL RECORD REQUEST FORM

Veterinarian Information:

Name: _____

Hospital: _____

Address: _____

Telephone: (_____) _____

Fax: (_____) _____

Patient Information:

Client name: _____

Address: _____

Telephone: (_____) _____

Patient name: _____

Age: ____ Yrs. Breed: _____ Sex: M MN F FS

Your input is very vital in the final decision to proceed with therapy. If the provided information indicates health-related problems that may preclude or complicate therapy, you, the referring veterinarian will be contacted to discuss these issues.

**PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION: By
(CHECK THE APPROPRIATE BOX FOR EACH REQUEST)**

PATIENT MEDICAL STATUS FORM:

ENCLOSED

COPIES OF (within the last 3 months): SUPERCHEM/CBC ENCLOSED T4 ENCLOSED
T4 –off Tapazole at least 7 days (if currently on medication) ENCLOSED WILL FAX

URINALYSIS ENCLOSED

RADIOGRAPHS OBTAINED IN THE LAST THREE MONTHS (*Chest DV and Lat are required*):
 ENCLOSED

COPY OF ANY ULTRASOUND REPORTS WITHIN THE LAST SIX MONTHS:
 ENCLOSED NOT AVAILABLE

EKG REPORTS WITHIN THE LAST SIX MONTHS:
 ENCLOSED NOT AVAILABLE

Thank you for using Thyro-Cat. If you have any questions concerning the above requested information, please call us.



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CLIENT:

ANIMAL HOSPITAL:

EMAIL ADDRESS:

PATIENT:

VETERINARIAN:

THE FOLLOWING INFORMATION IS REQUESTED TO AID IN PLANNING I-131 TREATMENT FOR THIS PATIENT. PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE RELEVANT FOR THE PRE-TREATMENT ASSESSMENT OF THIS PATIENT.

MEDICAL HISTORY:

1. IS THE CAT IN GOOD OVERALL HEALTH AND IN STABLE CONDITION? YES NO
2. EVIDENCE OF RENAL DISEASE/FAILURE? YES NO
3. EVIDENCE OF HEART DISEASE/FAILURE? YES NO
4. DOES THE CAT HAVE A CHRONIC HISTORY OF ANY OF THE FOLLOWING DISORDERS:
(IF YES, PLEASE EXPLAIN ON REVERSE SIDE OR A SEPARATE SHEET OF PAPER)
 UPPER RESPIRATORY URINARY TRACT DISORDERS
 ASTHMA/PULMONARY DISEASE CHRONIC RENAL FAILURE
 GASTROINTESTINAL DISEASE OTHER ENDOCRINOPATHY
5. OTHER CHRONIC PROBLEMS OF CONCERN: _____

CHEST & ABDOMINAL RADIOGRAPHS: DATE PERFORMED _____

CHEST: NSF OR ANY SIGNIFICANT FINDINGS? _____

ABDOMINAL: NSF OR ANY SIGNIFICANT FINDINGS? _____

WOULD YOU LIKE TO HAVE OUR RADIOLOGIST TO REVIEW RADIOGRAPHS? _____

DIAGNOSIS & PREVIOUS TREATMENT FOR HYPERTHYROIDISM:

1. WHEN WAS CAT DIAGNOSED & WHAT SYMPTOMS LEAD TO DIAGNOSIS?

2. HAS THERE BEEN PREVIOUS TREATMENT?:

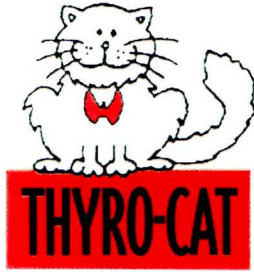
METHIMAZOLE-IS CAT CURRENTLY TAKING AND DOSAGE: _____

PREVIOUS I-131-WHAT DATE TREATED: _____

THYROIDECTOMY-WHAT DATE PERFORMED: _____

3. Evidence of adverse drug reaction to Methimazole? Yes No

MEDICATIONS: IS THE CAT CURRENTLY TAKING ANY MEDICATIONS OTHER THAN METHIMAZOLE? PLEASE PROVIDE PRESCRIPTION INFORMATION FOR EACH DRUG AND SPECIFY WHETHER THE DRUG NEEDS TO BE GIVEN WHILE THE CAT IS IN OUR FACILITY:



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Client/Patient _____

List of pre testing requirements:

LABS:

1) SUPERCHEM/CBC

2) URINALYSIS

- Ideally all labwork should be as current as possible in relation to the treatment date. We will accept any labs done within 3 months of the treatment date.
- If any of these labs have been done while on medication (Tapazole trial) please include those for review.

3) T4 LEVEL

- *NOTE- T4 LEVELS MUST BE AN EXACT RESULT- IF DONE IN HOUSE THERE MUST BE A SPECIFIC READING (i.e- >8 not acceptable)
- Any cat that has been on thyroid medication for over a 6 month period of time would need to have a T4 level taken once the cat has been off medication for a week. This is to insure that the proper dose of I-131 is given in relation to the T4 level.

4) **RADIOGRAPHS:**

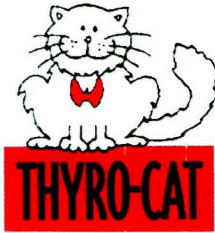
Chest and abdominal DV/Lat views or whole body DV/Lat views

**The labs can be faxed, e-mailed or mailed
The radiographs can be e-mailed or mailed if you
would like a radiologist to review.**

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If appropriate, a methimazole (Tapazole) trial should be conducted to assess the potential for unmasking renal disease that may have been obscured by the hyperthyroid state.

This trial is performed by giving methimazole (Tapazole) at an adequate dose to induce a euthyroid state for at least two to three weeks. Once the pet has been euthyroid for two weeks to three weeks while on methimazole, then renal function is assessed by evaluating Bloodchem/CBC/T4, and urine specific gravity values.

If the laboratory findings indicate stable renal function in the euthyroid pet while being given methimazole, then there is a greater probability the patient will have stable renal function following I-131 therapy.

Methimazole therapy should be stopped at least seven (7) days prior to I-131 therapy.